



THE HUNDRED AND EIGHTH  
ANNUAL REPORT UPON

# THE HEALTH OF LEICESTER DURING 1956

E. K. MACDONALD  
O.B.E., M.D., D.P.H.

# CITY OF LEICESTER

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## HEALTH COMMITTEE

(As constituted 31st December, 1956)

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### Vice-Chairman

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### Co-opted Members

Dr. E. W. HOLYOAK

Mr. H. N. T. STAUNTON

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The Committee meet on the 3rd Friday in each month in the Committee Room, Town Hall, at 3.15 p.m.

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Mrs. C. E. JACKSON	

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Dr. W. E. HOWELL ( <i>ex-officio</i> )	Mrs. M. M. TROTTER

## **QUALIFICATIONS AND DUTIES OF SENIOR PUBLIC HEALTH OFFICERS**

As specifically requested in Ministry of Health Circular 1/54, the following details are given :

### **Medical Officer of Health**

**E. K. MACDONALD, O.B.E., M.D., D.P.H.**

Exercises oversight and control over all the City's Health Service, advises all Committees of the Corporation on medical matters, and acts as Principal School Medical Officer.

### **Deputy Medical Officer of Health**

**A. I. ROSS, M.D., D.P.H.**

Acts as Deputy to the Medical Officer of Health, including the School Health Service, and particularly supervises the work of the City Ambulance Service, the City Mental Health Service, the Home Nursing Service, and the control of infectious disease.

### **Medical Officer for Maternity and Child Welfare**

**(Miss) E. B. B. HUMPHREYS, M.B., Ch.B.**

Responsible for the control of the Maternity and Child Welfare Service, including the Health Visitor, Midwifery, and Day Nursery and Clinic Services, and also the Home Help Service.

### **Tuberculosis Officer**

**C. M. CONNOLLY, B.Sc., M.D., M.R.C.P., D.P.H.**

Though primarily appointed by and responsible to the Sheffield Regional Hospital Board as Consultant Chest Physician, and in this capacity, in charge of the Leicester Chest Clinic and of beds at the Leicester Isolation Hospital and Chest Unit, is also responsible, in co-operation with the Medical Officer of Health, for the preventive side of the campaign against tuberculosis.

### **Public Analyst**

**F. C. BULLOCK, B.Sc., P.A.Inst.W.E., F.R.I.C.**

Responsible for the work of the Public Analyst's Laboratory and for the analysis of and reporting on samples of Foods and Drugs and other matters.

### **Chief Public Health Inspector**

**G. A. HILLER, F.R.S.H., A.M.I.S.E., F.S.I.A.**

Responsible for the work of the Public Health Inspection Department.

### **Chief Administrative Assistant**

**F. KELLETT, F.C.C.S.**

Responsible to the Medical Officer of Health for all the "lay" side of the work of the Health Department, including the non-professional staff, the payment of wages, and the ordering and checking of goods.



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# SUMMARY OF STATISTICS

FOR THE YEAR 1956

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Population (estimated), mid-1956	..	..	..	284,000
Population at Census, 8th April, 1951	..	..	..	285,061
Marriages	..	..	..	2,520
Births (corrected)	..	..	..	4,367
Birth-rate (standardised birth-rate = 15.2)	..	..	..	15.4
Deaths (corrected for transferable deaths)	..	..	..	3,200
Death-rate (standardised death-rate = 12.0)	..	..	..	11.3
Deaths under One Year	..	..	..	86
Infant Mortality (per 1,000 Births)	..	..	..	19.7
Maternal Mortality (per 1,000 total births)	..	..	..	0.45
Zymotic death-rate (per 1,000 population)				0.11
Respiratory Disease death-rate (per 1,000 population)				1.04
Cancer death-rate (per 1,000 population)	..	..	..	2.02
Tuberculosis death-rate (per 1,000 population)	..	..	..	0.11
Phthisis death-rate (per 1,000 population)	..	..	..	0.095

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Area of City (in acres)	..	..	..	..	16,990
Number of Inhabited Tenements, January, 1957				..	85,213
Number of Empty Houses, January, 1957				..	1,010
Rateable Value at 1st April, 1956	..	..	..	..	£4,443,632
General Rate for the year, 1956-57	..	..	..	..	15/8 in £

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					<b>England and Wales</b>
Birth-rate	..	..	..	..	15.7
Death-rate	..	..	..	..	11.7
Infant Mortality (per 1,000 Births)	..	..	..	..	23.8

(Registrar-General's Figures)

*To the Right Worshipful the Lord Mayor and Members of the  
City Health Committee*

My Lord Mayor, my Lady Mayoress, Ladies and Gentlemen,

I have the honour to submit herewith the Annual Report on the Health of Leicester for the year 1956, my twenty-second yearly report.

The population of the City at mid-1956 is estimated at 284,000. This is the second year in which there has been a reduction of estimated population, that for 1955 being 286,300 and that for 1954, 287,300. This is clear evidence that many Leicester people are now living in the housing estates in the County. One unfortunate result of their enforced removal from the City is that they may lose something of continuity in the Health Services provided for them.

The birth-rate for 1956 was 15.4, slightly higher than for the previous year, 14.8, and the death-rate was 11.3, also an improvement on that for 1955, 12.0. But the main improvements were in the infant mortality rate and in the death-rate for tuberculosis. There were only 86 infant deaths in 1956, giving a rate of 19.7, quite the lowest we have ever had, the previous best being 23.4, for 1955. There were only 30 deaths from tuberculosis, a wonderful improvement. Only two years ago, 1954, we congratulated ourselves on achieving a low record with 76 deaths, more than twice the number for 1956.

I feel that I should comment on the increasing incidence of cancer of the lung and its connection with cigarette smoking. In 1948, there were 27 male and six female deaths from this cause. In 1956, the figures were 89 and 16 respectively. Heavy cigarette smokers are undoubtedly more prone to this disease.

One of the most pleasing parts of the year's work to the staff of the Health Department, and to myself personally, is the excellent progress that was made in slum clearance. To be able to see a cleared area where once the slums of Wharf Street stood is very satisfactory. Further details of progress that has been made will be found later in this Report in Section B and also in the Report of the Chief Public Health Inspector.

Steps were taken during the year to improve our protection procedures against specific infectious diseases. Vaccination against whooping cough and against poliomyelitis were added to our schemes for immuni-

sation against diphtheria and vaccination against smallpox. Inoculation against tuberculosis by B.C.G. was commenced during the year for 13-year-old children. This is referred to in my Report as School Medical Officer.

An outstanding advance in the year was the opening of the Emily Fortey School for 120 backward children by the Minister of Health, Mr. R. H. Turton, M.C., M.P., on the 27th September. Details of the School will be found later in the Report, but it is appropriate here to say how pleasing it is that the memory of Miss Fortey, with her great service for the City, will remain alive for many years because of this new School.

A new Disinfection Station was also opened at the City Ambulance Station in Welford Road, which should prove a valuable asset to the work of the Health Department.

Reference will be found in the Chief Public Health Inspector's report to the transfer of the work of the Rodent Operator from the Cleansing Department to the Health Department, which occurred in the latter part of the year. This should facilitate co-operation between the Rodent Operator and the Public Health Inspection Department.

The year 1956 has been one of excellent work by the staff of the Department and I am again glad to thank my colleagues and to bear testimony to the excellence of their work.

To you, my Lord Mayor, and to your Committee, I also wish to record my gratitude for your continued interest and help. It is a great honour to us that the Lord Mayor of the City is Chairman of our parent Committee, and we of the Health Department wish to you and to the Lady Mayoress a very happy year of service in your exalted office.

I am,

My Lord Mayor, my Lady Mayoress, Ladies and Gentlemen,

Your obedient servant,

E. K. MACDONALD, O.B.E., M.D., B.S., D.P.H.

*Medical Officer of Health*

Health Department,  
Grey Friars,  
Leicester,  
25th May, 1957

# ANNUAL REPORT 1956

## SECTION A

### Statistics and Social Conditions of the Area

#### STATISTICS

##### Population

The Registrar-General estimates the population of the City of Leicester at mid-1956 as 284,000.

The estimated mid-1955 population was 286,300.

##### Birth-rate

The number of live births registered during 1956 was :

Males ..	..	..	..	2,275 (2,160)
Females	..	..	..	2,092 (2,077)
Total ..	..	..	..	4,367 (4,237)
Birth-rate	..	..	..	15.4 (14.8)
Standardised Birth-rate			..	15.2 (14.7)

(Note : The comparative figures for 1955 are those in brackets)

Of the 4,367 total births, 281 (150 males and 131 females) were illegitimate, as compared with 250, 135 and 115 respectively for 1955.

##### Stillbirths

There were 104 stillbirths (50 males and 54 females) as compared with 90 (60 and 30) respectively for 1955.

##### Infant Mortality

Again, for 1956 as for 1955, I am pleased to report that the figures for infant mortality have achieved a low record. There were 86 infant



deaths in 1956 (46 males and 40 females) as compared with 99, 51 and 48 in 1955. The infant mortality rate was therefore 19.7, the first time we have ever been less than 20. The previous lowest rate, that for 1955, was 23.4.

The main causes of infant deaths were (Registrar-General's figures) :

	1956			1955		
	Male	Female	Total	Male	Female	Total
Congenital malformations	11	11	22	6	9	15
Other defined and ill-defined diseases ..	26	21	47	35	29	64
Pneumonia .. ..	6	1	7	4	4	8
Various .. ..	3	7	10	6	6	12
	—	—	—	—	—	—
	46	40	86	51	48	99
	—	—	—	—	—	—

Sixty babies (34 males, 26 females) out of the total 86 deaths died in the first four weeks of life.

There were 11 male and six female infant deaths assigned locally to prematurity.

### Marriages

The number of marriages in Leicester in 1956 was 2,520.

### Death-rate

The total number (corrected) of deaths was 3,200 (3,422), namely 1,558 (1,687) males and 1,642 (1,735) females.

The death-rate was therefore 11.3 compared with 12.0 in 1955. The death-rate for England and Wales was 11.7. The standardised death-rate for Leicester was 12.0 (12.2).

2,240 persons (70% of the total) died after they had reached their 65th birthday and 1,377 reached the age of 75 years and over.

The causes of death will be found in Table 2, from which the following extracts are taken :

### Heart and Vascular Disease

Under this heading are grouped the following main causes of death :—vascular lesions of the central nervous system ; coronary disease ; angina ; hypertension with heart disease ; other heart disease ; other circulatory disease.

Of the 3,200 total deaths, 1,747 (55.0%) were assigned to these causes compared with 1,839 (53.7%) in 1955. Of the 1,747 deaths, 791 were males and 956 females. 1,420 had attained the age of 65 years or over.

## Cancer

There were 574 deaths from this disease—309 males and 265 females. These figures compare with 541, 268, and 273 for the previous year, which was, however, a great improvement on 1954.

There were 105 deaths from cancer of the lung or bronchus as compared with 89 in 1955. I feel it cannot be too often emphasised that there is a definite and proved connection between cancer of the lung and smoking. Statistical research has shown that males who smoke heavily, i.e. over 25 cigarettes a day, contract cancer of the lung 24 times more often than does the non-smoker. Even in the case of a light smoker, who perhaps only smokes less than 10 cigarettes a day, the risk is seven times as great. These figures are striking.

Cancer of the stomach also increased from 68 in 1955 to 93 in 1956.

## Tuberculosis

There were 30 deaths from this disease, 27 pulmonary and three from other sites. These are extraordinary figures. Those for 1955 and 1954 respectively were 59 and 76 deaths, and 1954 then had achieved our lowest record. It is obvious that a complete change is taking place in the fatality from tuberculosis, due largely to the greatly improved treatment that is now available. Further reference should be made to Appendix I—Dr. Connolly's report.

## Respiratory Disease

There were 113 (148) deaths from pneumonia and 162 (201) from bronchitis, so here too there is improvement. But the 1956 figure still compares unfavourably, as far as pneumonia is concerned, with that for 1954, which was 99.

## Other Causes of Death

		Males	Females	Total	1955
Diabetes ..	..	7	15	22	19
Peptic ulcer ..	..	22	7	29	26
Kidney disease	..	15	16	31	35
Road accidents	..	24	8	32	41
Other accidents	..	32	57	89	74
Suicide ..	..	22	13	35	29

See Table 2 for more detail

## INFECTIOUS DISEASE—MORBIDITY AND MORTALITY

### Measles

As expected, measles followed its usual trend—an epidemic year followed by a year of low incidence, and then again an epidemic year. As we had an epidemic in 1955, 1956 was a year of low incidence. Only 115 cases were reported, and there was no death.

### Scarlet Fever

151 cases of this disease were notified and, as usual, no death.

### Whooping Cough

It was a light year for whooping cough ; 146 cases were notified and no death. In spite of these satisfactory figures, it must not be forgotten that whooping cough is often a very serious disease with unpleasant and often dangerous complications. It is therefore all the more desirable that every child should be protected against this disease. This can be done at any of our clinics or by the private general practitioner. Combined diphtheria and whooping cough vaccination became available at the City Infant Welfare Clinics during the year, also separate vaccination as necessary for each disease.

### Diphtheria

There was again no case and no death.

#### PROTECTION PROCEDURES DURING 1956

	<i>Under 5</i>	<i>Over 5</i>	<i>Total</i>
Number of children immunised against diphtheria only .. .. .	275	459	734
Number of children re-immunised against diphtheria only .. .. .	632	1,460	2,092
Number of children vaccinated against whooping cough only .. .. .	263	22	285
Number of children immunised against diphtheria and vaccinated against whooping cough jointly	3,054	72	3,126
Number of children re-immunised against diphtheria and re-vaccinated against whooping cough jointly .. .. .	57	157	214
Number of persons vaccinated against smallpox ..	303	258	561
Number of persons re-vaccinated against smallpox	7	265	272

### Poliomyelitis

Only one confirmed case of acute poliomyelitis was notified during 1956. It was in a man of 26, who suffered from a non-paralytic attack in the month of June.

Vaccination of children born in the years 1947-54 was commenced during the year. Like all other similar procedures it is entirely voluntary and only those children are offered vaccination whose parents request this form of protection. The scheme started on the 14th May, 1956, but ceased during the summer months. Although over 8,000 requests for vaccination were received during the year from children eligible to have this treatment, it was only possible to vaccinate 767 children (404 males, 363 females). It is hoped during future years to protect a much greater number of children.

## **Virus Meningitis**

During the summer of 1956, the city, in common with other parts of the country, suffered from an outbreak of virus meningitis. I am grateful to Dr. J. C. H. Mackenzie, Physician Superintendent of the Leicester Isolation Hospital, for a note on this disease and on the cases admitted to the Hospital.

“In early July 1956, an outbreak of Virus Meningitis commenced in the Leicester area.

“The early symptoms and signs of illness were similar to those of poliomyelitis, but it quickly became obvious that the illness was different from poliomyelitis inasmuch as every case made a complete recovery within three to four weeks, and in no case was there any evidence of paresis (paralysis).

“The early symptoms of the illness were those of headache, vomiting, and in 18 % of cases there was a rash similar to that of German measles, which was mainly on the face and arms.

“Towards the end of the year virus studies indicated that the disease was due to a virus called E C H O, virus Type 9.

“The disease was widespread throughout England, but was more prevalent in the Midlands, variously called Trent Valley Fever, Nottingham Meningitis and seasonal Aseptic Meningitis. Holland was also experiencing this same epidemic and one child developed the disease while returning from Holland. It is interesting to note that in this case we also isolated E C H O virus Type 9.

“From July to December, 1956, 130 cases were admitted to the Infectious Diseases Unit of Groby Road Hospital. There were many more cases treated at home, and as the disease is not notifiable there is no indication of the incidence in the population.



“Of the 130 cases admitted :

54 were from the city	76 from the county
81 males	49 females
55 adults	75 children

“Briefly, this meningitis is essentially a disease of children and young adults, and the highest incidence occurs in the 6 to 10 age-group. If anything, males appear to be more affected than females.

“The disease started in small areas in the city, and was very infective among families, but did not spread beyond this local foci of infection. The disease appeared to burn itself out very quickly in the city.

“It is interesting to note that this type of virus meningitis occurred in the summer months, at the time we usually anticipate poliomyelitis. In 1956, however, only 11 cases were admitted with poliomyelitis”.

(Note : The Hospital admits cases of infectious disease from many areas and not only from the city.)

A further note has been prepared of the age-groups of persons affected by this disease and admitted to the Hospital from the city.

		<i>Ages</i>					Total
		0-4	5-14	15-24	25-44	45+	
July	..	—	12	—	6	—	18
August	..	1	8	1	7	—	17
September	..	1	2	2	4	—	9
October	..	—	2	1	4	—	7
November	..	—	1	—	—	—	1
December	..	—	—	—	—	2	2
		—	—	—	—	—	—
Totals	..	2	25	4	21	2	54
		—	—	—	—	—	—

No cases were admitted before the beginning of July.

Enquiry from the 12 general practitioners who had sent most cases to hospital showed that they had treated at least twice as many cases at home. On this basis the total number would be approximately 160, but the total may well be larger, as this figure does not allow for single cases seen by some doctors who did not send any virus meningitis cases to hospital.

### **Sonne Dysentery**

This “nuisance” infection was again troublesome in the city, cases increasing at the end of January and quickly becoming more numerous, the epidemic reaching a peak towards the end of March and slowly



decreasing in July. There were very few positive cases in the second half of the year apart from a small outbreak in a day nursery. This relative freedom from the infection in the second half of the year would not appear to be due to cases not being notified or ascertained as the specimens that continued to be sent to the Public Health Laboratory were almost all negative.

Of the cases coming to the notice of the Department, 602 had symptoms of diarrhœa and were confirmed bacteriologically—"clinical dysentery-confirmed", 72 had diarrhœa but for various reasons specimens were not taken, 615 had diarrhœa but the specimens were negative—possibly because the illness was not dysentery or they were taken after treatment when the clinical symptoms had disappeared—and 479 did not have symptoms, being found on the routine examination of the stools of contacts—"symptomless excreters".

The intensive work on dysentery that has been undertaken in the Department in recent years has confirmed the view that the disease spreads where there is close personal contact between individuals, as within the family or in day and residential nurseries, nursery schools and classes and to a less extent infant schools. There has been no evidence of spread of infection among children attending junior and secondary schools or among adults at work.

In view of these findings the criteria for the exclusion of children and teachers from junior and secondary schools were relaxed from the beginning of the spring term 1956 and those infected were allowed to return to these schools when free from symptoms even if still passing the organism in their stools. This change has not resulted in any spread of the disease within schools. Infant school children and catering staff remain away until clear and those attending nurseries and nursery schools until other members of the family are also clear.

Because of these changes, in May it was decided to discontinue the routine sampling of family contacts other than these special groups and food handlers and hospital workers.

As is shown in the next table, it was not possible to find the source of infection in 560 of 602 cases of confirmed clinical dysentery. This is because many of these were the first cases in families, and connection with other cases occurring about the same time could not be proved, and because very few cases were infected at nurseries or schools where tracing the spread of the disease is easier. For example, if a succession of cases occurs in a day nursery one can say that they are almost certainly becoming infected there. On the other hand, almost all the symptomless excreters (449 out of 479) were infected by family contact

and were found when the other members of families were sampled where there had been positive cases.

		Source of Infection					Total
		Nursery	School	Family	Other	Unknown	
Clinical dysentery confirmed	..	19	10	11	2	560	602
Clinical dysentery—no specimens taken	..	—	—	—	—	72	72
Clinical dysentery—specimens taken—negative	..	1	2	9	3	600	615
Symptomless excretors	..	23	1	449	—	6	479

The age distribution was :

		Ages								Total
		Under 1 month	1-5 mths.	6-11 mths.	1-4 yrs.	5-14 yrs.	15-44 yrs	45-64 yrs.	over 65 yrs.	
Clinical dysentery confirmed	..	—	5	5	230	270	87	3	2	602
Clinical dysentery—no specimens taken	..	1	—	2	18	8	37	4	2	72
Clinical dysentery—specimens taken—negative	—	—	8	14	183	207	188	8	7	615
Symptomless excretors	..	2	1	7	110	161	197	—	1	479

It will be seen that most of the cases occurred in children.

The incidence of sonne dysentery among those submitting at least one specimen is shown below.

The percentage positive is highest among children. Curiously the percentage of females positive in the 0-4 age group was higher than the percentage of males which is contrary to our previous findings. More females aged 15 and over were also positive, which is to be expected, because of their close association with children.

Age		Males			Females			% pos. ratio
Groups	Pos.	Neg.	% pos.	Pos.	Neg.	% pos.	Males/ Females	
0—4 years	178	171	50.9%	182	120	60.3%	.84/1	
5—14 years	227	196	53.7%	204	174	53.9%	.99/1	
15 and over	112	382	22.8%	178	437	28.9%	.79/1	
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	
Totals ..	517	749	40.8%	564	731	43.5%	.91/1	

The sex incidence among clinical dysentery cases was almost the same.

	Males	Females	Total
Clinical dysentery confirmed .. ..	301	301	602
Clinical dysentery—no specimens taken ..	31	41	72
Clinical dysentery—specimens taken—			
negative .. ..	315	300	615
Symptomless excreters .. ..	216	263	479

As usual the cases cleared fairly quickly, 123 (22 %) of the 569 clinical dysentery confirmed cases whose clearance times were known taking longer than six weeks and 19 (3.3 %) 12 weeks or longer. Of the 443 symptomless excreters 111 (25 %) took longer than six weeks and 27 (4 %) 12 weeks or longer.

		Weeks to Clear											
		1	2	3	4	5	6	7	8	9	10	11	12
Clinical dysentery													
confirmed ..	10	70	55	164	61	86	43	31	12	13	5	11	
Symptomless ex-													
creters ..	2	21	46	160	59	44	27	30	12	11	4	11	

		Weeks to Clear— <i>continued</i>								Unknown	Total
		13	14	15	16	17	18	24			
Clinical dysentery											
confirmed ..	1	2	—	2	—	2	1		33		602
Symptomless ex-											
creters	4	4	2	3	2	1	—		36		479

In the prevention of dysentery, hand washing after visiting the toilet remains most important. Recent work has shown that the contamination of lavatory seats by splash from stools in the w.c. pan when the flush is pulled is a likely source of spread among small children who may handle the seat. Cleaning and disinfection of the seats after use will therefore be useful.

Thanks must be given to the general practitioners for their very full co-operation, to Dr. Mair, the Director of the Public Health Laboratory, and his staff for the bacteriological results and to the teachers and nursing staff for dealing with cases and outbreaks.

## Food Poisoning

There were many fewer individuals infected this year, 94 compared with 251 in 1955 and 300 in 1954. Sixty-five of those infected had symptoms, the other 29 being symptom free (symptomless excreters) and being found to be passing the organisms of food poisoning on routine examination of their motions after a positive case had occurred in the family.

The following table gives brief details of the family outbreaks :

Month	Where outbreak occurred	No. of cases	No. of symptomless excreters	Vehicle of infection	Organism
Jan.	Private house	1	1	Unknown	Salm. typhi-murium
April	"	4	—	"	Salm. heidelberg
"	"	4	1	"	Salm. typhi-murium
May	"	1	2	"	" "
"	"	2	1	"	Salm. newport
"	"	1	1	"	Salm. typhi-murium
June	"	1	1	"	Salm. bredeney
"	"	1	2	"	Salm. typhi-murium
"	"	1	3	"	" "
"	"	1	1	"	Salm. derby
July	"	1	1	"	Salm. typhi-murium
Aug.	"	1	4	"	" "
"	"	1	4	"	" "
"	"	1	2	"	" "
"	"	1	1	"	" "
Sept.	"	1	2	"	" "
"	"	1	1	"	" "
Nov.	"	1	1	"	" "
"	"	2	—	"	Unknown

With one exception, where the cause was unknown, they were all due to salmonella organisms. In none of the outbreaks was it possible to find how the cases became infected, this being very difficult with small salmonella outbreaks.

The following table gives details of the salmonella infections :

	Family outbreaks		Single cases
	Number of cases	Number of symptomless excreters	
Salm. typhi-murium ..	17	26	31
Salm. heidelberg ..	4	—	3
Salm. newport ..	2	1	1
Salm. bredeney ..	1	1	—
Salm. derby ..	1	1	—
Salm. stanley ..	—	—	2
Salm. singapore ..	—	—	1
Totals ..	25	29	38



The age and sex distribution of the salmonella infections were :

Age and Sex				
		Male	Female	Total
0-11 months ..	..	—	4	4
1-4 years ..	..	11	8	19
5-14 years ..	..	14	10	24
15 and over ..	..	23	24	47
		—	—	—
Totals ..		48	46	94
		—	—	—

Weeks to Clear										
1	2	3	4	5	6	7	8	9	10	11
2	5	7	7	9	8	7	3	5	5	—
(Salm. t-m)									(3 Salm. t-m)	
									(1 Salm. stanley)	
									(1 Salm. singapore)	

Weeks to Clear— <i>continued</i>										
12	13							14		
6	1							1		
(2 Salm. t-m)	(Salm. heidelberg)							(Salm. t-m)		
(2 Salm. newport)										
(2 Salm. bredeney)										

Weeks to clear— <i>continued</i>										
17	18							Unknown		
1	1							26		
(Salm. heidelberg)	(Salm. heidelberg)									

It is most gratifying to report that there were no outbreaks due to meat products infected with staphylococcus or Clostridium welchii. This is the first time in recent years that meat products have not been the vehicle of infection in several outbreaks. The improvement may well be the result of the intensive education work of the Department on clean food, better techniques in the preparation of pressed meat products and the implementation of the Food Hygiene Regulations, 1955.

The drop in the total number of cases this year is also most gratifying, as in recent years in this country as a whole there has been an increase of cases. The increase in the rest of the country has been attributed to among other things, more communal feeding, improved methods of investigation and a greater interest in the subject, and unsatisfactory hygiene.



### **Specific Coliform Infections**

Three specific coliform infections (one type 0128 and two type 026) occurred in different families affecting children aged six, seven and eighteen months respectively. Two were at home with their parents, the other was at a day nursery. Stool specimens from the thirteen family contacts were negative. No spread of infection occurred in the day nursery.

TABLE 1

Showing estimated Population, Birth-rates and Death-rates (General and Zymotic) per 1,000 living during the last 40 years—1917-1956

Year	Estimated Population	Birth-rate	Death-rate	Zymotic Death-rate	Infant Mortality
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	22.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4
1936	261,800	14.5	11.6	.3	58.4
1937	262,900	14.5	12.5	.8	62.5
1938	263,300	14.7	11.2	.4	45.9
1939	262,900	13.9	11.5	.4	49.1
1940	259,400	13.9	14.5	.4	51.2
1941	265,310	13.9	12.2	.4	55.0
1942	259,400	16.7	11.2	.4	50.6
1943	254,800	18.6	12.8	.5	48.5
1944	257,450	20.3	11.9	.3	39.0
1945	256,960	19.2	12.2	.4	54.3
1946	269,320	21.0	12.2	.5	53.7
1947	275,830	21.9	12.2	.4	47.2
1948	280,300	19.1	10.8	.45	38.3
1949	283,400	17.9	11.6	.59	23.8
1950	287,520	16.4	11.5	.58	29.5
1951	284,700	16.2	12.4	.09	25.2
1952	285,900	15.9	11.4	.09	24.2
1953	286,500	16.0	11.2	.20	24.8
1954	287,300	15.3	11.2	.09	27.2
1955	286,300	14.8	12.0	.15	23.4
1956	284,000	15.4	11.3	.11	19.7

TABLE 2—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
TOTAL DEATHS .. ..	M	1558	46	10	9	58	433	1002
	F	1642	40	6	5	62	291	1238
1. Tuberculosis of Respiratory System .. ..	M	20	—	—	—	4	9	7
	F	7	—	—	1	1	3	2
2. Other forms of Tuberculosis .. ..	M	1	—	—	—	1	—	—
	F	2	—	—	—	1	—	1
3. Syphilitic Disease ..	M	5	—	—	—	—	2	3
	F	5	—	—	—	—	1	4
4. Diphtheria .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
5. Whooping Cough ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
6. Meningococcal Infections	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
8. Measles .. ..	M	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases .. ..	M	1	—	—	1	—	—	—
	F	4	—	—	—	—	1	3
10. Cancer of Stomach ..	M	52	—	—	—	5	21	26
	F	41	—	—	—	—	13	28
11. Cancer of Lung and Bronchus .. ..	M	89	—	—	—	—	50	39
	F	16	—	—	—	1	8	7
12. Cancer of Breast ..	M	—	—	—	—	—	—	—
	F	74	—	—	—	8	31	35
13. Cancer of Uterus ..	F	15	—	—	—	3	7	5
14. Other Malignant and Lymphatic Neoplasms..	M	163	—	—	1	8	55	99
	F	111	—	—	1	6	37	67
15. Leukæmia, Aleukæmia	M	5	—	—	2	—	3	—
	F	8	—	—	—	2	4	2
16. Diabetes.. ..	M	7	—	—	—	—	3	4
	F	15	—	—	—	1	3	11
17. Vascular Lesions of Nervous System .. ..	M	261	—	—	—	2	44	215
	F	361	—	—	—	4	44	313
18. Coronary Disease, Angina	M	236	—	—	—	4	88	144
	F	173	—	—	—	1	32	140

TABLE 2 (continued)—CAUSES OF DEATH

CLASSIFICATION	Sex	All Ages	0—	1—	5—	15—	45—	65—
19. Hypertension with Heart Disease .. .. .	M	27	—	—	—	—	9	18
	F	51	—	—	—	—	7	44
20. Other Heart Disease ..	M	215	—	—	—	6	26	183
	F	314	—	—	—	11	24	279
21. Other Circulatory Disease	M	52	—	1	—	2	12	37
	F	57	—	—	—	—	10	47
22. Influenza .. ..	M	2	—	—	—	—	1	1
	F	14	—	—	—	—	1	13
23. Pneumonia .. ..	M	54	6	2	—	2	8	36
	F	59	1	2	—	2	8	46
24. Bronchitis .. ..	M	104	—	1	—	—	33	70
	F	58	3	—	1	—	9	45
25. Other Diseases of Respiratory System .. ..	M	12	—	1	—	1	2	8
	F	9	1	—	—	1	1	6
26. Ulcer of Stomach and Duodenum .. ..	M	22	—	—	—	1	10	11
	F	7	—	—	—	—	1	6
27. Gastritis, Enteritis and Diarrhœa	M	2	—	—	—	—	1	1
	F	4	1	1	—	—	—	2
28. Nephritis and Nephrosis	M	15	—	—	—	4	4	7
	F	16	—	—	—	1	6	9
29. Hyperplasia of Prostate	M	19	—	—	—	—	—	19
30. Pregnancy, Childbirth, Abortion .. ..	F	2	—	—	—	2	—	—
31. Congenital Malformations .. .. .	M	13	11	1	—	—	1	—
	F	16	11	2	—	1	1	1
32. Other Defined and Ill-defined Diseases	M	102	26	3	—	3	25	45
	F	125	21	1	—	12	28	63
33. Motor Vehicle Accidents	M	24	—	—	3	8	6	7
	F	8	—	—	1	1	3	3
34. All Other Accidents ..	M	32	3	1	2	3	6	17
	F	57	2	—	1	—	2	52
35. Suicide .. .. .	M	22	—	—	—	4	13	5
	F	13	—	—	—	3	6	4
36. Homicide and Operations of War .. .. .	M	1	—	—	—	—	1	—
	F	—	—	—	—	—	—	—

TABLE 3

Table showing Population, Birth-rates, Death  
Mortality rates of the 20 large towns

	Birmingham	Bradford	Bristol	Cardiff	Coventry	Croydon	Kingston upon Hull	Leeds
Registrar-General's estimated population .. ..	1,110,800	286,400	440,500	249,800	272,600	249,300	300,200	508,600
Comparability factor :								
(a) Births .. ..	0.94	1.00	0.99	0.94	0.95	0.99	0.96	0.98
(b) Deaths .. ..	1.08	0.95	0.88	1.12	1.37	0.83	1.24	1.15
Crude birth-rate per 1,000 population .. ..	16.63	16.8	15.14	17.88	17.02	14.5	18.58	15.8
Birth-rate as adjusted by factor ..	15.63	16.8	14.99	16.81	16.1	14.4	17.84	15.5
Crude death-rate per 1,000 population .. ..	10.88	14.1	12.25	11.24	8.3	11.7	10.7	11.3
Death-rate as adjusted by factor ..	11.75	13.4	10.78	12.59	11.3	9.9	13.3	13.0
Infantile mortality rate per 1,000 live births .. ..	24.6	28.2	19.34	27.76	26.7	19.0	28.86	26.9
Neo-natal mortality rate per 1,000 live births .. ..	17.6	19.3	14.54	19.03	21.1	10.0	19.18	19.0
Stillbirth rate per 1,000 total births .. ..	22.95	25.08	24.86	25.7	19.46	20.0	24.48	21.6
Perinatal mortality rate per 1,000 total births .. ..	37.44	41.7	36.70	41.00	36.1	28.0	36.2	37.5
Maternal mortality rate per 1,000 total births .. ..	0.63	0.41	0.292	0.66	0.42	—	0.71	0.61
Tuberculosis rates per 1,000 population :								
(a) Primary notifications								
Respiratory .. ..	0.93	0.85	0.690	1.18	1.5	0.746	0.89	0.81
Non-respiratory .. ..	0.10	0.07	0.109	0.12	0.17	0.092	0.09	0.11
(b) Deaths								
Respiratory .. ..	0.14	0.09	0.084	0.14	0.14	0.100	0.15	0.11
Non-respiratory .. ..	0.01	0.01	0.014	0.004	0.018	0.004	0.013	0.02
<b>*Death-rates per 1,000 population from :</b>								
Cancer (all forms including Leukaemia and Aleukaemia)	2.08	2.33	2.11	2.08	1.7	2.375	2.04	1.94
Cancer of Lungs and Bronchus	0.45	0.46	0.40	0.396	0.351	0.521	0.48	0.44
Meningococcal Infections .. ..	0.00	0.007	0.00	0.012	0.00	0.00	0.006	0.00
Whooping Cough .. ..	0.01	0.00	—	—	0.00	—	0.003	0.00
Influenza .. ..	0.03	0.04	0.14	0.04	0.01	0.04	0.035	0.05
Measles .. ..	0.00	0.00	—	—	0.00	—	—	—
Acute Poliomyelitis and Encephalitis .. ..	0.01	0.00	—	0.012	0.00	0.00	0.003	—
Diarrhoea (under two years)	0.02	0.024	0.00	0.004	0.02	0.00	0.01	0.02
Diarrhoea (under two years) (per 1,000 live births) ..	0.97	1.45	0.30	0.22	1.72	1.38	0.57	1.37

\*Where no deaths have occurred at all, a "dash" is inserted.

Where the number of deaths is too small to express as a rate, the figures 0.00 are inserted.



TABLE 3

rates, Zymotic Death-rates, Infant and Maternal  
of England and Wales for 1956

Leicester	Liverpool	Manchester	Newcastle upon Tyne	Nottingham	Plymouth	Portsmouth	Salford	Sheffield	Southampton	Stoke-on- Trent	Sunderland
284,000	773,700	686,200	277,100	312,500	216,200	231,100	167,400	499,000	196,400	273,000	182,800
0.99	0.93	0.96	0.96	0.95	1.02	1.05	0.96	1.01	0.98	0.94	0.94
1.06	1.23	1.18	1.14	1.13	1.09	0.95	1.23	1.13	1.11	1.31	1.25
15.4	20.60	17.44	17.73	16.50	16.31	15.08	16.88	14.11	16.92	15.6	20.48
15.2	19.16	16.74	17.02	15.67	16.64	15.83	16.20	14.25	16.58	14.7	19.25
11.3	11.43	12.35	11.83	11.15	11.28	12.22	12.30	11.73	10.51	11.1	10.2
12.0	14.05	14.57	13.49	12.60	12.29	11.61	15.13	13.25	11.67	14.5	12.74
19.7	25.91	29.92	24.628	21.92	17.58	24.10	29.37	23.6	30.08	27.0	25.38
13.7	17.36	20.14	17.708	15.11	13.05	16.35	20.17	18.0	20.76	18.13	16.83
23.3	24.11	26.36	28.86	23.67	23.80	24.89	28.20	21.95	26.93	30.58	24.24
36.2	38.68	43.77	43.882	35.61	35.44	37.48	45.05	37.2	42.74	46.32	38.0
0.45	0.43	0.24	1.186	0.76	0.27	0.28	1.03	—	0.59	0.228	0.52
0.78	1.313	0.86	1.231	1.04	1.05	0.65	0.681	0.801	1.07	0.978	1.28
0.092	0.130	0.08	0.245	0.11	0.08	0.06	0.06	0.074	0.05	0.11	0.15
0.095	0.177	0.15	0.148	0.11	0.12	0.11	0.197	0.184	0.127	0.216	0.14
0.011	0.009	0.02	0.011	0.01	0.00	0.004	0.006	0.020	0.015	0.011	0.01
2.02	2.054	2.23	2.132	2.01	1.83	2.09	2.449	2.188	2.20	2.989	2.05
0.363	0.579	0.59	0.458	0.42	0.33	0.42	0.621	0.535	0.51	0.491	0.43
—	0.005	0.01	0.0036	0.00	0.00	—	—	0.008	0.02	0.003(6)	—
—	0.006	—	0.0036	—	—	—	0.006	—	—	—	—
0.056	0.022	0.05	0.0288	0.05	0.05	0.01	0.048	0.040	0.04	0.022	0.03
—	—	—	—	0.00	—	—	—	—	—	—	—
—	0.001	0.01	—	—	—	—	0.12	0.002	—	—	—
0.007	0.006	0.01	—	0.01	0.00	0.03	—	0.008	0.01	0.007(3)	—
0.46	0.314	0.50	—	0.58	0.28	2.01	—	0.57	0.30	0.047	—

TABLE 4

## MUNICIPAL WARDS. VITAL STATISTICS, 1956

	DEATHS					Infant Mortality per 1,000 live births	Births
	0 to 1 year	1 to 5 years	5 to 65 years	Over 65 years	Total all ages		
1. St. Margaret's	3	—	46	97	146	15.6	192
2. Latimer ..	6	1	63	194	264	26.1	230
3. Charnwood ..	7	—	48	130	185	37.6	186
4. Spinney Hill ..	1	—	45	167	213	5.5	182
5. Wycliffe ..	11	2	35	126	174	37.5	293
6. Castle ..	1	—	50	108	159	5.8	173
7. Westcotes ..	3	1	66	210	280	11.7	257
8. Newton ..	4	3	69	123	199	9.0	445
9. Abbey ..	11	1	45	108	165	32.4	340
10. Belgrave ..	3	1	57	143	204	14.0	215
11. Humberstone ..	4	2	76	183	265	12.3	324
12. Evington ..	4	1	43	104	152	17.4	230
13. Knighton ..	4	—	49	175	228	20.6	194
14. De Montfort ..	5	—	60	132	197	17.0	294
15. Aylestone ..	8	—	55	138	201	21.7	368
16. North Braunstone ..	13	4	58	103	178	43.0	302

(Local Figures)

TABLE 5

Showing the number of Deaths from certain Infectious Diseases in the Fifteen Years 1942-1956

Disease	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Measles ..	2	1	0	5	1	5	0	1	3	2	2	0	0	0	0
Scarlet Fever ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Diphtheria ..	8	3	6	1	1	0	1	0	0	1	0	0	0	0	0
Whooping Cough ..	1	7	4	2	3	2	1	5	3	2	2	2	0	1	0
Diarrhoea } Under two															
Enteritis } years of age	45	25	25	43	76	83	19	6	7	5	5	4	4	2	2
Influenza ..	26	92	16	20	26	9	4	16	4	117	7	29	3	25	16
Puerperal Fever ..	4	4	3	1	1	0	0	3	3	0	0	0	0	0	0
Cerebro-Spinal Fever ..	9	4	1	2	4	2	3	1	2	2	0	4	4	0	0
Poliomyelitis ..	1	0	0	0	0	1	0	3	4	1	0	1	1	0	0
Encephalitis Lethargica ..	3	0	1	2	1	6	4	4	1	0	0	1	0	0	0
Pneumonia ..	109	133	112	147	148	146	93	128	99	137	114	128	99	148	113

**TABLE 6. DEATHS FROM CANCER, 1956**  
(TOTAL 566)  
(Calculated locally)

Tabulated as to Age, Sex and Organ Affected,  
in accordance with local classification

Organ Affected	Under 35 years		35-65 years		Over 65 years		All Ages	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip .. ..	—	—	—	—	—	1	—	1
Tongue .. ..	—	—	2	—	3	—	5	—
Jaw .. ..	—	—	—	1	—	—	—	1
Mouth .. ..	—	—	—	—	2	1	2	1
Larynx .. ..	—	—	2	—	5	1	7	1
Oesophagus .. ..	—	—	2	1	6	5	8	6
Stomach .. ..	1	—	23	14	28	29	52	43
Intestines .. ..	—	—	—	—	2	—	2	—
Colon .. ..	1	—	7	11	10	17	18	28
Rectum .. ..	—	—	5	2	10	8	15	10
Liver .. ..	—	—	4	2	2	2	6	4
Pancreas .. ..	—	—	5	2	8	7	14	9
Spleen .. ..	—	—	—	—	—	—	—	—
Lungs .. ..	1	—	50	8	38	6	89	14
Kidney .. ..	—	1	1	—	—	2	1	3
Bladder .. ..	—	—	7	—	10	5	17	5
Prostate .. ..	—	—	4	—	26	—	30	—
Testicle .. ..	—	—	—	—	—	—	—	—
Ovary .. ..	—	1	—	11	—	3	—	15
Uterus .. ..	—	2	—	6	—	5	—	13
Breast .. ..	—	2	—	36	—	37	—	75
Bones .. ..	—	—	—	—	—	1	—	1
Other Forms or not specified ..	7	4	18	14	12	15	37	33
Total ..	10	10	131	108	162	145	303	263

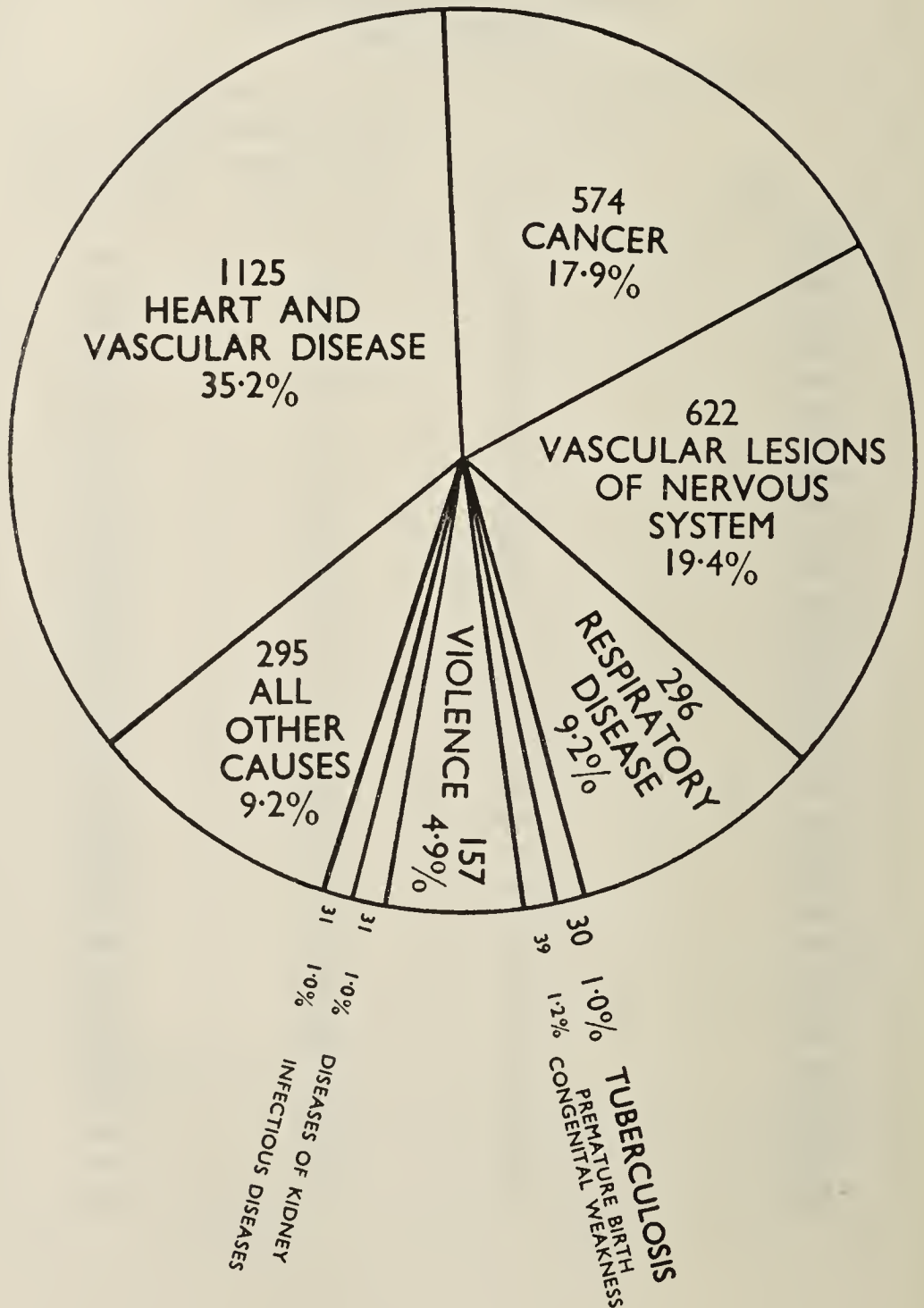
**TABLE 7**  
**CANCER STATISTICS, 1926-56**  
(Calculated locally)

Year			Total Cancer Deaths	Cancer Deaths —per cent. of Total Deaths	Cancer Death- rate per 100,000 Population
1926	..	..	395	13.2	163
1927	..	..	324	10.6	132
1928	..	..	349	12.7	142
1929	..	..	357	10.4	145
1930	..	..	372	13.5	151
1931	..	..	357	11.9	148
1932	..	..	356	11.8	148
1933	..	..	367	11.9	152
1934	..	..	377	13.3	156
1935	..	..	384	12.9	150
1936	..	..	392	12.9	150
1937	..	..	366	11.2	139
1938	..	..	417	14.1	158
1939	..	..	423	14.0	161
1940	..	..	447	11.9	172
1941	..	..	471	14.5	177
1942	..	..	465	15.9	179
1943	..	..	487	15.0	191
1944	..	..	519	16.9	202
1945	..	..	496	15.9	193
1946	..	..	504	15.3	187
1947	..	..	492	14.7	178
1948	..	..	526	17.4	188
1949	..	..	509	15.5	180
1950	..	..	561	16.9	195
1951	..	..	579	16.4	203
1952	..	..	593	18.2	207
1953	..	..	527	16.4	184
1954	..	..	583	17.9	202
1955	..	..	542	15.8	189
1956	..	..	566	17.7	199



# PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1956

TOTAL DEATHS, 3,200



## SECTION B

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### Miscellaneous Health Services

In this Section reports will be found on the following services :

- (a) Water Supplies
- (b) Cremation
- (c) City Ambulance Service
- (d) Mental Health Service
- (e) Home Nursing Service
- (f) Care and After-Care, Health Education
- (g) Venereal Disease
- (h) Section 47, National Assistance Act
- (i) Children, neglected or ill-treated in their own homes
- (j) Prevention of break-up of families
- (k) Blind Persons
- (l) Housing

## WATER SUPPLIES

I am indebted to Mr. H. Wallhouse, M.I.C.E., M.I.W.E., A.M.I.Mech.E., Water Engineer, for the report on the work of his Department during 1956.

Mr. Wallhouse reports as follows :

“(1) (a) The water supply in the statutory area has been of good quality throughout the year. Drought conditions in the early summer necessitated appeals for economy, but no restrictions on consumption had to be imposed, other than the banning of hose pipes for watering gardens and washing private motor cars.

(b) Samples taken of raw and treated waters from the local reservoirs have been analysed both bacteriologically and chemically by the City Analyst and details of this work have been given by the Analyst himself in his section of the Report. In brief, he approved all samples of chlorinated water which were submitted as safe and satisfactory for drinking and reported that all filtered water samples would be satisfactory if subjected to terminal chlorination.

“(2) Apart from tests made on waters from the local works, analyses have also been made, regularly and at random, of samples from within the Area of Supply. Again the Analyst has reported favourably.

“(3) There are approximately 134,588 houses in the Area of Supply. Of these, it is estimated that 2,000 are supplied through communal taps fixed in the yards. The population supplied is estimated to be 417,600 and you will perhaps note that this figure is lower than the figure reported to you last year. This decrease does not represent any factual reduction in the population supplied, but is due to a revised, and I think more accurate method of estimating the population than that hitherto used”.

## CREMATION

I am indebted to Mr. E. H. Marsh, Superintendent Registrar, for the following information which is extracted from his Annual Report.

There are now 100 Crematoria in operation in Great Britain. Leicester Crematorium was the eighth to start operating, in the year 1902.

The total number of cremations in 1956 was 1,842, an increase of 94 on the previous year. The grand total of cremations at Leicester since the Crematorium was opened is 16,498.

# CITY AMBULANCE SERVICE

(Mr. J. E. OSWELL, F.I.C.A.P.)

Chief Ambulance Officer.

Between 1948 and 1953 the demands on the Ambulance Service became very much greater, but fortunately since 1953 the number of calls each year has remained about the same. In 1956, excluding children being taken to the Occupation Centre, there were 83,785 calls compared with 83,925 in 1955, but it is very pleasing to report that once again there was a greater relative reduction in road mileage—328,458 to 320,186—a saving of 8,272 miles. Consequently, the average miles per patient by road has now decreased from 3.9 in 1955 and 4.3 in 1954 to 3.84. This is very satisfactory considering the spread of population and industry towards the boundaries of the city.

Once again more patients have been conveyed on long-distance journeys by train—321 in 1956 against 242 in 1955—an increase of 79 patients and 6,965 miles.

At the end of July the Ambulance Service ceased to convey children to and from the Occupation Centre, the work being done by private coaches. This accounts for the considerable difference in the figures for this work for 1956 compared with 1955.

It will be seen from the table opposite, which gives the differences between the number of calls in 1955 and 1956 for various types of case that there has been very little change in the type of work carried out during the year, the main points being :

1. A slight decrease in the work at hospitals (“out-patients”, “admissions and transfers” and “discharges and convalescence”).
2. A decrease of road accidents and “Dead on Arrivals” (at hospital), many of which are road accident deaths.
3. A further increase of 50 or more “other accidents” as compared with last year. Most of these are home accidents and the increase gives rise to great concern.
4. 351 more calls from midwives for the gas and air analgesia service.
5. An increase of 371 more transport journeys this year than last, the reason being the towing of the Mobile Clinic to various sites which is now being done from Mondays to Fridays inclusive.



	Total Calls, 1956	Total Calls, 1955	Increase of 1956 over 1955	Decrease of 1956 from 1955
Out-patients .. ..	51,934	52,707	—	773
Admissions and Transfers	9,138	8,824	314	—
Discharges and Convales- cence .. ..	11,098	11,561	—	463
Maternity .. ..	1,701	1,777	—	76
Mental .. ..	180	152	28	—
Dead on Arrival ..	246	293	—	47
Infectious .. ..	168	175	—	7
Accidents (Road) ..	725	730	—	5
Accidents (Others) ..	1,571	1,521	50	—
Premature Cot .. ..	54	39	15	—
Other Authorities ..	97	118	—	21
Chargeable Transport ..	103	109	—	6
Gas and Air .. ..	3,618	3,267	351	—
Transport .. ..	1,845	1,474	371	—
Abortive .. ..	986	936	50	—
Number of Calls ..	83,464	83,683	—	219
Mileage .. ..	320,186	328,458	—	8,272
Average miles per call ..	3.836	3.925	—	.089
Children to Occupation Centre .. ..	*6,563	23,847	—	17,284
Mileage .. ..	*5,693	15,681	—	9,988
Average miles per child ..	*.867	.658	.209	—
Total Calls .. ..	90,027	107,530	—	17,503
Total mileage .. ..	325,879	344,139	—	18,260
Average miles per patient	3.620	3.200	.420	—
Patients conveyed by train	321	242	79	—
Number of miles travelled by train .. ..	38,590	31,625	6,965	—
Average miles per patient by train .. ..	120.2	130.7	—	10.5

\*7 months only

### Cots for transporting Premature Babies

The cots for transporting premature babies are still giving good service to the community. During the very cold weather difficulty was found in maintaining the cots at the required temperature of 90°F and it was decided to insulate them and they are now extremely satisfactory.

## Transport of Milk to the Human Milk Bank

The Ambulance Service still continues to carry out this service daily.

## Visits to the Ambulance Station

During the year there has been a considerable number of visits to the Station. The Chief Ambulance Officer has also given talks to various local organisations explaining the work of the service.

## Fog

During the year we experienced two days of extremely bad fog when radio played a very vital part in keeping the service operating efficiently. I would like to convey my thanks to all those who came along to the ambulance station on motor cycles and bicycles offering their aid in escorting ambulances during the worst periods of the bad weather.

## Two-way Radio

Radio is still playing a very satisfactory part in the saving of road miles and the running of an efficient service. It is very rare for a week to pass without receiving a letter from someone thanking us for the efficient manner in which their call was answered by the service.

## Leicester Royal Infirmary

From time to time during the year, meetings between the officers of the Service and the officers of the Infirmary have taken place, with very good results and improved co-operation between the two bodies. On the 28th October the opening of the Infirmary X-ray and Casualty Department extension took place. This has proved a big asset to ambulance personnel, as it has relieved the congestion at the old casualty department.

## Personnel

There has been very little alteration in staff during the year, the strength being :

			<i>Strength 31st Dec.</i>	<i>Establishment</i>
Chief Ambulance Officer	..	..	1	1
Station Officers	..	..	2	2
Wireless Control Officer	..	..	1	1
Driver/Attendants	..	..	57	58

(continued)

				<i>Strength 31st Dec.</i>	<i>Establishment</i>
<b>Female Attendants</b>	..	..	..	8	10
<b>Mechanics</b>	..	..	..	4	4
<b>Telephonist</b>	..	..	..	1	1
<b>Canteen Assistant</b>	..	..	..	1	1
<b>Clerks</b>	..	..	..	1	2
<b>Shorthand Typist</b>	..	..	..	1	1
<b>Boiler-Handyman</b>	..	..	..	1	1
<b>Coachpainter</b>	..	..	..	1	1
				—	—
				79	83
				—	—

In April last, in conjunction with the Leicestershire Ambulance Service, a demonstrator from the Industrial Welfare Society, in association with the Central Council of Physical Recreation, instructed male and female members of the Service in the correct methods of lifting patients. I am sure this has proved of great assistance to all personnel and should help to avoid strained backs.

### National Association of Ambulance Officers

At the annual conference of the National Association of Ambulance Officers held in London on the 28th September, 1956, Dr. E. K. Macdonald read a paper on the organisation of the Ambulance Service. One point brought out in the discussion was that there was not as good a relationship between all County Councils and County Boroughs as exists between the Leicestershire Ambulance Service and ourselves.

### Civil Defence

During the year the work of the Ambulance and Casualty Collection Section of the Civil Defence Corps continued to increase and there are now over 330 volunteers enrolled in the Section. Three evenings each week are now devoted to lectures and practical training and in addition local exercises and driving tuition are carried out.

The officers of the Service have to spend a great deal of time giving Civil Defence instruction, planning exercises, etc.

## Vehicles

As most of the vehicles were purchased during 1949 and 1950, more work is now required to keep them in first-class working order. For example, most of the older vehicles have been completely re-sprayed. A vehicle replacement programme is being considered.

The vehicles in the service are as follow :

17 Ambulances	5 Sitting Case Ambulances
2 Sitting Case Cars	1 Service Van

In addition there are :

5 Civil Defence Ambulances

The mechanics also maintain the following Health Department vehicles :

6 Cars	5 Vans	5 Scooters
4 Auto Cycles	22 Cyclemasters	40 Pedal Cycles
1 Mobile Clinic	1 Electric Hand Truck	

## Petrol

Owing to the Suez canal crisis, petrol rationing came into operation on the 17th December and with it an increase of approximately 1s. 5d. per gallon in the price of petrol which meant a considerable increase in the cost of the Service.

The report as a whole gives an indication that the daily routine work of the Service has now levelled itself out, and that our work is well carried out and performs a useful purpose within the National Health Service Act.

Vehicle "Calls" by Road :		1952	1953	1954	1955	1956
City Ambulance Service	..	78,410	82,253	80,687	81,358	81,207
St. John Ambulance Committee	..	1,677	1,676	1,940	2,325	2,257
TOTALS	..	80,087	83,929	82,627	83,683	83,464
Mileage by Road :						
City Ambulance Service	..	364,883	386,018	349,727	320,812	312,881
St. John Ambulance Committee	..	6,798	5,491	6,244	7,646	7,305
TOTALS	..	371,681	391,509	355,971	328,458	320,186
Average Miles per Patient by Road		4.64	4.66	4.31	3.92	3.84
Patients Conveyed by Train :						
Patients conveyed by train	..	103	65	153	242	321
Number of miles travelled by train	..	14,628	12,862	23,278	31,625	38,590
Average miles per patient by train	..	142.0	197.9	152.1	130.7	120.2
Children Conveyed to and from the Occupation Centre :						
Children to and from the Occupation Centre	..	18,788	22,239	25,142	23,847	●6,563
Mileage	..	11,129	17,685	16,506	15,681	5,693
Average miles per child	..	.59	.79	.66	.66	.87

●Seven months only



## MENTAL HEALTH SERVICE

(Mr. S. A. GOODACRE, Chief Mental Health Officer)

### (i). Administration

#### (a) *Constitution and Meetings of the Mental Health Sub-Committee*

To the members of the Council who combine and serve on the Mental Health Sub-Committee are added three co-opted members, one of whom is the Medical Superintendent of the Towers Mental Hospital representing No. 3 Hospital Management Committee, one represents the Local Medical Committee and one the Executive Council.

Meetings are bi-monthly and are usually convened at the Town Hall or at the Emily Fortey School.

#### (b) *Staff*

The Medical Officer of Health is directly responsible for the administration of the Service, and is assisted by his deputy, who also carries out periodic examinations of pupils at the Emily Fortey School and acts as ascertainment officer with reference to mental defectives.

#### *Staff at Charles Street*

At the commencement of the year the staff of the Department at Charles Street consisted of the Chief Mental Health Officer, the Deputy Mental Health Officer, and four Mental Health Visitors. Assistance with the clerical work and administration is provided by two general clerk/typists.

The Chief Mental Health Officer is responsible for the day-to-day administration of the Department, including some of the organisation and management of the Emily Fortey School and the co-ordination of the many and varied duties performed by the officers of the Department. In this he is assisted by the Deputy Mental Health Officer and both are designated to enable them to act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts and Mental Health Visitors under the Mental Deficiency Acts.

For the purpose of Community Care of the mentally ill and the supervision and care of the mental defectives, the city is divided into five areas, the Deputy Mental Health Officer and the four Mental Health Visitors each being responsible for an area, within which they deal with all forms of supervision, care and after-care. With the exception of one of the Mental Health Visitors, who is a woman, all are designated as Duly Authorised Officers under the Lunacy and Mental Treatment Acts. All five area officers are authorised to present

Petitions and to perform all relevant duties under the Mental Deficiency Acts. A 24-hour day service is provided for mental health emergencies, and a duty rota is maintained, the responsibility for this being shared between the Chief Mental Health Officer, his Deputy and the three male Mental Health Visitors. The details of this rota are passed to the City Ambulance Service, which Department co-operates by promptly supplying an enquirer with the name, address and telephone number of the duty Mental Health Officer during nights, week-ends, bank holidays, etc., and this system has proved itself to be very satisfactory.

No training schemes, specially for Duly Authorised Officers or Mental Health Visitors, are at present able to provide such officers with academic qualifications. Training schemes are being planned by their appropriate vocational associations and it is possible that qualifications will be available in the near future. In the meantime, the area group of the Society of Mental Welfare Officers and the Association of Teachers of the Mentally Handicapped combine to arrange lectures, instructive talks and hospital visits, and the keenness of the staff is such that no opportunities are lost to improve their knowledge of work in the mental health field. The Midland Mental Deficiency Society has six members in this Department, and the papers read at meetings of this Society have been extremely valuable in providing similar educational facilities.

A vacant establishment exists for a Psychiatric Social Worker and pending an appointment this case load has been distributed amongst the other Mental Health Visitors.

At the end of the year the staff at the Emily Fortey School consisted of the following :

### **Full-time**

Mrs. M. V. Taylor, Supervisor, N.A.M.H. Diploma, her Deputy and four Assistant Supervisors, two male Handicraft Assistants and one Nursery Assistant.

### **Part-time**

One cook, one assistant cook and three kitchen assistants.

One dining room attendant and two cleaners.

Three bus attendants ; plus

One full-time gardener-handyman.

### **(c) *Co-ordination with Regional Hospital Board and Hospital Management Committee***

One member of the Mental Health Services Sub-Committee is a

member of the Hospital Management Committee concerned with the hospital care of the mentally ill and mentally deficient persons in the area. The Deputy Medical Officer of Health is a co-opted member of the Sub-Committee that deals more particularly with Mental Deficiency.

The Medical Officer of Health is an appointed visitor of Licensed Houses under the Lunacy Acts and of Certified Institutions under the Mental Deficiency Acts and he regularly attends the quarterly meetings when Orders are reconsidered.

The Medical Superintendent of the Glenfrith Hospital for Mental Defectives readily acts in an advisory capacity on problems bordering on and within the Mental Deficiency fields. Clinics are held at the Mental Health Offices in Charles Street, and visits made to the homes where necessary, and parents and their children are seen. The Mental Health Officer and Visitors find helpful advice readily forthcoming from this source. There are cases where doubt arises when ascertaining a mental defective and the Medical Superintendent is always ready to arbitrate and give expert knowledge and advice when and where desired.

The Medical Superintendent of the Towers Hospital, already mentioned as a member of the Mental Health Sub-Committee, is also accessible, as are the Consultant Psychiatrists and Medical Staff of the Mental Hospital, to advise on problems arising in the field of mental illness. A weekly case conference is held at the Towers Hospital to which this Department's Officers have access.

Overlapping of the Hospital Social Workers and those from this Department is reduced to a minimum because of the close co-operation maintained. The tendency is always to remove the demarcation line of the respective fields and co-ordinate the work to a common aim. The whole of the responsibility for Community Care and After-Care of the mentally ill and the mentally deficient is shared between the Officers of the Mental Health Department and the Social Workers of the Hospitals, and no duties are delegated to voluntary associations. Officers of the Department work closely with other social agencies and a great deal of assistance is obtained from welfare workers of voluntary bodies.

The supervision of patients on licence from hospitals for mental defectives is similarly shared between officers of the Hospital Management Committee and the Local Health Authority; these duties include visits in respect of the renewal of Orders of patients in hospital and reports and supervision of patients on leave.



## (ii) Account of work undertaken in the Community

### (a) Under Section 28, National Health Service Act, 1946

#### *Prevention, Care and After-Care*

In the initial stages of referral, the whole of the domiciliary work of the Department is carried out under this Section.

A total number of 1,357 persons were dealt with during 1956 who were either suffering, or alleged to be suffering from mental illness or mental defectiveness. 635 of these are explained more particularly in the section of this report which relates to Mental Treatment, and 722 are analysed in the section concerning Mental Deficiency. Comparable figures for 1955 are 1,216, 559 and 657.

### (b) Lunacy and Mental Treatment

On 1st January, 1956, there were 308 persons receiving help and advice in the Community either as observation or after-care cases. During the year a further 327 persons were referred, making a total of 635 persons who were dealt with. Of this total, 227 were admitted to hospital.

The following statistics refer to initial admissions (subsequent certifications etc. following Section 20 admissions are dealt with later in this Report).

	1956	1955	1954	1953	1952	1951	1950
Summary Reception Order (Lunacy Act, 1890, Sec. 14, 15 and 16) ..	68	66	108	145	146	129	114
Urgency Order (Lunacy Act, 1890, Sec. 11) .. .. .	2	4	12	13	17	15	14
Three-day Order (D.A.O.) (Lunacy Act, 1890, Sec. 20) .. ..	135	124	42	14	5	—	—
Fourteen-day Order (J.P.) (Lunacy Act, 1890, Sec. 21 (1) ) .. ..	4	3	—	—	—	—	—
Voluntary (Mental Treatment Act, 1930, Sec. 1) .. .. .	18	14	4	15	18	16	11
Temporary (Mental Treatment Act, 1930, Sec. 5) .. .. .	—	2	4	4	3	4	8
	<hr/> 227	<hr/> 213	<hr/> 170	<hr/> 191	<hr/> 189	<hr/> 164	<hr/> 147
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Nearly all the cases dealt with by admission to hospital were initially referred to the department's officers by the patient's usual medical practitioner. In instances where the source of referral is otherwise, a general practitioner is usually brought into the case before action is taken.

In all cases dealt with, whether by hospital admission or not, the approval of the patient's usual medical practitioner and the consent of

the patient's relatives is sought and their joint consent invariably obtained before officers of the department actively work on the problem.

Expediency is one of the factors justifying the use of either Section 20 or Section 11 (Urgency Orders), but whereas an Urgency Order remains in force for seven days after its date, Section 20 action limits the detention to a maximum of three days, but may, where necessary, be further extended by the Medical Superintendent of the Hospital by an additional period of 14 days. There are numerous factors which must be taken into account before the more suitable instrument of admission is decided, but it is thought that in the main, the advantage of Section 20 as a means of admission to hospital is a very big step forward towards a happier future for the treatment of the mentally ill. In many such cases the patient receives treatment earlier than he perhaps would have done if he had remained at home until certifiable. After admission he recovers sooner without the need, in the majority of instances, of certification. The patient is grateful and the patient's relatives are most appreciative, all of which results in more co-operation and an improvement in social relationships which progressively will lead to the banishment of the stigma of mental illness yet remaining with the general public. The following statistics relate to the 135 patients dealt with by initial admission under Section 20 of the 1890 Act :

		Became Voluntary patients	Died	Dis- charged	Certified	Total
Within 3 days	..	30	3	3	4	40
After Section 21(a) extension of 14 days	..	68	2	11	14	95
Total	..	98	5	14	18	135

The number of voluntary patients admitted may be considered to be surprisingly small, but to arrive at the true total of voluntary patients admitted to the Towers Mental Hospital under this Section of the Mental Treatment Act, one would need first to add 99, the number of patients who were admitted initially under Section 20 or Section 21 (1) and who subsequently became voluntary patients, and a further 379 patients who applied for admission at the Hospital either alone or with a relative.

In the latter instance such cases are not accompanied by a Mental Health Officer, but some seek admission because of advice given to



The following statistics relate to persons referred to the Department during 1956 who were suffering, or alleged to be suffering from Mental Illness

Age ..	Men								Total Men	Women								1956 Total	1955 Total	1954 Total	
	Under 20	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 and over		Under 20	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 and over				Total Women
Sec. 16 L.A. 1890 (Certi- fied) .. .. .	-	3	3	4	1	1	4	-	16		-	2	4	3	7	14	15	7	52	68	108
Sec. 1 M.T.A. 1930 (Voluntary) .. .. .	1	-	3	1	-	-	1	1	7		1	2	1	2	4	1	-	-	11	18	4
Sec. 11 L.A. 1890 (Urgency) .. .. .	-	-	-	-	-	-	-	-	-		-	-	-	-	-	1	1	-	2	2	12
Sec. 20 L.A. 1890 (Three- day Order) .. .. .	3	9	17	6	9	4	4	-	52		2	9	17	12	16	13	12	2	83	135	42
Sec. 21 (1) L.A. 1890 ..	-	1	-	-	-	-	-	-	1		-	-	-	-	1	1	1	-	3	4	-
Community Care ..	3	4	3	4	3	1	2	-	20		1	2	-	5	3	5	2	3	21	41	65
Referred to Welfare Department ..	-	-	1	-	-	-	1	1	3		-	-	-	1	-	2	5	-	8	11	5
Referred back to General Practitioner	1	-	-	-	-	-	1	-	2		-	-	1	1	1	2	3	-	8	10	7
No Action .. .. .	-	3	6	4	5	-	1	-	19		2	2	5	2	2	2	2	2	19	38	17
TOTAL 1956 ..	8	20	33	19	18	6	14	2	120		6	17	28	26	34	41	41	14	207	327	305
1955 ..	3	16	32	28	11	18	16	3	127		3	11	26	36	27	41	22	12	178	305	-
1954 ..	4	11	14	22	16	21	19	3	110		3	12	20	21	29	36	28	5	154	264	-

them by Officers of the Department. Such admissions and discharges are not notified to the Department by the Towers Mental Hospital.

### *Community Care*

Of the 227 patients who were admitted to hospital, the majority were initially referred either by the patient's own General Practitioner or from local hospitals. Those cases which were not admitted (100) but who received community care, originated from a greater variety of agencies and during the year were as follow :

From General Practitioners .. .. .	23
„ Relatives .. .. .	15
„ Towers Hospital .. .. .	14
„ Police .. .. .	13
„ Welfare, Housing, National Insurance, National Assistance, Ministry of Health .. .. .	12
„ Other Hospitals .. .. .	8
„ Neighbours .. .. .	4
„ Other Authorities .. .. .	3
„ Probation Officers .. .. .	3
„ Health Visitors .. .. .	2
By the patients themselves .. .. .	2
From Employer .. .. .	1
	<hr/>
	100 referrals
	<hr/>

	1956	1955	1954	1953
Those persons having Community Care on January 1st (including observation, preventive or after-care) .. .. .	308	252	191	88
Persons referred during the year .. .. .	100	94	98	103
	<hr/>	<hr/>	<hr/>	<hr/>
Total .. .. .	408	346	289	191
	<hr/>	<hr/>	<hr/>	<hr/>
Those referred to the Welfare Department ..	11	5	14	—
No further action proposed (cases dealt with satisfactorily) .. .. .	64	33	23	—
	<hr/>	<hr/>	<hr/>	<hr/>
Those persons needing Community Care on December 31st .. .. .	333	308	252	191

Practically all of those persons suffering from mental illness of such a nature as to require community care, either as a preventive measure to avoid the need for hospital treatment or as after-care and rehabilitation following hospital care, are theoretically considered to constitute the case load of the Psychiatric Social Worker. A vacant establishment for this officer existed throughout the year and temporarily, first as an

emergency measure early in 1954, this case load has been distributed amongst the already fully extended Mental Health Visitors.

The attitude of the public towards mental ill-health, the need for advice and early treatment is causing greater demands on the service which the department provides.

There is now a constant case load of 677 mentally defective persons needing some form of supervision, to which must be added the day-to-day referrals of new mentally deficient persons (79 cases during last year) and similar referrals of the mentally ill (327 during 1956). This total is the high but normal case load for distribution between the five Mental Health Visitors and to this is now added, owing to the vacant establishment of a Psychiatric Social Worker, 333 Community Care mentally sick persons, many of whom require attention to prevent the need for hospital care.

It is important that every Community Care case receives attention, but available time will allow only for adequate help in the more necessitous circumstances. The extra case load on the Mental Health Visitors is overtaxing their ability to deal properly with the other sections of their work despite the expenditure of more and more of what should be their free time endeavouring to meet the demands of the more urgent cases.

I would stress that it is vitally necessary that the team be strengthened and when doing so it is considered unlikely whether now, one Psychiatric Social Worker will fully meet the need.

(c) *Under Mental Deficiency Acts, 1913-1938*

Analysis of cases dealt with during the year :

		<i>Cases on</i> <i>Jan. 1st,</i> 1956	<i>During 1956</i> <i>Additions    Removals</i>		<i>Cases on</i> <i>Dec. 31st,</i> 1956
Statutory Supervision	..	458	35	14	479
Voluntary Supervision	..	101	4	4	101
After-care and miscellaneous cases	.. ..	48	25	1	72
Licence	.. ..	30	5	25	10
Guardianship	.. ..	1	—	1	—
Community care pending ascertainment	..	5	10	—	15
Total (1956)		643	79	45	677

		<i>Cases on Jan. 1st</i>	<i>During year</i>		<i>Cases on Dec. 31st</i>
			<i>Additions</i>	<i>Removals</i>	
(1955)	..	589	68	19	638
(1954)	..	575	61	47	589
(1953)	..	562	86	73	575
(1952)	..	537	47	22	562
(1951)	..	491	77	31	537

Of cases referred during the year, 28 were from the Local Education Authority. Twelve of those concerned ineducable children excluded from the provisions of the Education Act and 16 were considered likely to require supervision after leaving school.

### Mental Deficiency Hospital Care

#### *Temporary Care (Circular 5/52)*

Since the opportunity was originally created in 1952 to enable supervision cases to be admitted for short-term care in a Mental Deficiency Hospital the requests for such care have been made to the Glenfrith Hospital.

During 1956 we were granted facilities by the Physician Superintendent to enable such care to be given in 19 instances, so providing care for an aggregate period of over 49 weeks. This care was sought in some instances because of an emergency in the family situation, a mother to hospital is not an infrequent cause of such an emergency. More than half of those admitted were to enable the parents of a difficult defective to have a holiday free from the care of their problem child. In the latter type of admission application usually needs to be restricted to a period of two weeks because of the shortage of available accommodation. In cases of emergency such hospital care can be given for a period not exceeding eight weeks.

Particular consideration is given to those cases long on the waiting list for more permanent care.

During 1952 Temporary Care was given in 4 instances

„	1953	„	„	„	10	„
„	1954	„	„	„	15	„
„	1955	„	„	„	15	„
„	1956	„	„	„	19	„

Accommodation only becomes available when the hospital's own patients are temporarily absent. In consequence every application for temporary care cannot be granted but the successful applications represent approximately 75% of the total applications made.



*More permanent Hospital Care (dealt with by Petition—Patients admitted under Certificate)*

The total number of admissions made to Mental Deficiency Hospitals during 1956 was 11.

Two of these were on behalf of other Authorities and two admissions were to Mental Deficiency Hospitals other than the Glenfrith.

Of the nine patients admitted to the Glenfrith Hospital, two were the result of a sudden emergency, one was the result of action in the Magistrates' Court, four cases were from those names on the Community Care Waiting List for vacancies and one concerned a boy in a Home Office School. One was an admission from the Towers Hospital, being an agreed patient exchange.

*Waiting List for Mental Deficiency Hospital Care*

When the year commenced there were 23 names on the waiting list.

There were four names removed from this list when vacancies were given and five were removed when alternative arrangements were made or home conditions improved. 26 new names were added during the year and 40 vacancies were needed concerning those in the community on December 31st.

In addition to those previously referred to in the community there are 12 adult female patients in the Towers Mental Hospital who also await Mental Deficiency Hospital vacancies.

Names are only added to this waiting list when there is some real emergency of need. A name is not included where the care and control at home is considered reasonable or where opposition is likely to arise if hospital care were proposed.

It is estimated that there are about 20 supervision cases where the subject is living with aged parents and where there is likely to be a need for residential care should the parent or guardian suddenly become ill or die. Such cases are not included amongst those on the waiting list.

## **EMILY FORTEY SCHOOL**

The official opening of the Emily Fortey School was carried out on 27th September by The Rt. Hon. R. H. Turton, M.C., M.P., Minister of Health.

### **Development**

The first provision in Leicester for handicapped children similar to those attending this School was in 1929 when two rooms were secured



at the Cook Memorial Hall at the corner of Archdeacon Lane and Orchard Street, and attended by 20 children. A guide was employed to escort certain of these children to and from the Centre, and later a bus was used. In 1931 a transfer took place to the Fosse Road North Methodist School Rooms, where it became possible to provide a mid-day meal.

In 1948, when the responsibility for this service was transferred to the Health Committee under the National Health Service Act, 1946, 30 children were accommodated, the staff being a whole-time supervisor, an assistant and a part-time cook.

During the years the number of children gradually increased and, although additional rooms were occupied at Fosse Road and the kitchen and lavatory accommodation was improved, it became clear that other premises were necessary.

It is noteworthy that Mrs. Councillor C. E. Jackson, Chairman of the Mental Health Sub-Committee, was a member of the Committee responsible for obtaining the first premises and has continued as a Committee member throughout the years.

### **Decision to Build Emily Fortey School**

No buildings suitable for adaptation were available and it was decided that a new building, with accommodation for 120 children, should be erected on a site of approximately two acres on the south side of Glenfield Road Extension in Western Park kindly made available by the Parks and Recreation Grounds Committee.

The Health Committee agreed that the School should be named after Miss Emily Fortey, who was a member of the City Council from 1923 until her death in 1946. Miss Fortey served on the Education, Health, Mental Health and Mental Deficiency Committees, and did so much work for children in Leicester.

### **Teaching Staff**

The teaching staff consists of a supervisor, a deputy and seven assistants, two of whom are male.

### **Other Staff**

A full-time gardener-handyman, a cook, an assistant cook, three kitchen assistants, two cleaners and three bus attendants are also employed.



*Children at play at Emily Fortey School*





*View of Emily Fortey School from South*

## The Building

The building (see photograph) is single-storey and of traditional construction, faced externally with rustic facing bricks and artificial stone. Internally, ceilings and walls are plastered and all sanitary accommodation, kitchen, etc., have tiled dadoes. The principal floors are finished with Granwood blocks and other floors with quarry tiles and granolithic concrete.

The administrative section houses supervisor's room, medical inspection room and staff room.

A nursery for 16 children, four classrooms each taking 16, two of which can be made into one by opening a central partition, thus allowing one member of the staff to supervise 32 children in an emergency, and two craft rooms for senior boys, all with good storage accommodation, are situated in the south wing with access from the corridor. On the north side of this corridor, toilet accommodation, male and female staff lavatories, stores, etc., have been provided. There is a large dining room and recreation hall.

The heating chamber is situated centrally with fuel store, and meter room adjoining. The boilers are fed by bunker to boiler type automatic stokers with feed from back of boilers. The heating is by low pressure hot water, and radiators generally are of the concealed type.

The school is well supplied with educational equipment. The furniture is mainly tubular stacking and is in light pastel shades to match the interior.

The grounds give ample space for training and recreation and in addition provide three asphalted playing areas for different age groups within easy access of the various classrooms. There is also an area screened by a hedge where the children will be able to cultivate their own plots of ground. The nursery playground includes a sand pit and nearby a junglegym and swings have been erected. Swings are also provided adjacent to the senior boys' playground.

The aim of the school is to develop the children's minds and bodies and the curriculum includes physical education, handwork, habit training, free play and periods of rest and relaxation.

Periodic examinations of the pupils are made by a visiting Medical Officer and Dental Officer, and a Health Visitor has two sessions per week. The School Health Service are always ready to be helpful and will see the children at the School Clinic. The Emily Fortey School is open during Primary School days and administratively follows, as



closely as possible, the school arrangements made for normal children. The pupils attending are given a mid-morning beverage, usually one-third pint of milk, and the main midday meal is provided, for which a part charge is made. Transport of the children to and from the School is provided by three hired coaches each staffed by the coach company's driver and part-time attendant employed by the Committee.

The number of pupils on the register, January, 1950 = 30 pupils

„	„	„	„	„	1951 = 51	„
„	„	„	„	„	1952 = 64	„
„	„	„	„	„	1953 = 73	„
„	„	„	„	„	1954 = 84	„
„	„	„	„	„	1955 = 85	„
„	„	„	„	„	1956 = 87	„

Emily Fortey School, December, 1956 = 130 „

The average daily attendance from September 11th, 1956, to the end of the year was 106 pupils per day.



# HOME NURSING SERVICE

## Senior Superintendent's Report for the Year 1956

(Miss A. RATCLIFFE, S.R.N., S.C.M., Q.N.S.)

During the third year of the Authority's direct administration of the Service, three important changes took place involving the arrangements for late evening work, nurses' living accommodation, and patients' record cards, the changes resulting in improved efficiency and economy.

### Arrangements for Late Evening Visits

To use the staff economically it was decided to centralise the late evening calls at the Belgrave Home. This allowed four nurses (three in summer) to be on duty from 7 p.m. to 10 p.m. instead of six, one nurse from each Home being responsible for the work in her area, and one nurse being on telephone and Home duty at the Belgrave Home. These arrangements came into operation on the 1st December, and are working satisfactorily. Nurses provide a continuous service from 8 a.m. to 10 p.m. daily.

### Nurses' Accommodation

With the co-operation of the Housing Committee, five nurses became resident on the following housing estates :

Goodwood

Mowmacre

Braunstone Frith

Nether Hall (two nurses)

It is most helpful to the Service for nurses to reside in the area in which they work, as emergency nursing cases can be attended more quickly, travelling time saved, and the nurse has more direct contact with the patients.

The four furnished flats at the Belgrave Home, 129 Loughborough Road, which had previously been used as a residential Home, were completed and occupied early in the year by the Superintendent of the Home, two Queen's Nursing Sisters and one City Health Visitor, the Health Visitor paying the approved economic rent. The District Room was re-decorated and furnished to meet present-day requirements.

Owing to the continued tendency for nurses to become non-resident and to the employment of married nurses, the Committee reviewed the accommodation at the West End Home, 62/68 Valence Road, and decided to close the residential part, allowing two to three nursing sisters to rent furnished accommodation until a decision is made regarding the future use of the Home. The nursing service is maintained at this address, as the district accommodation is most satisfactory.

### Nursing Work Statistics and Patients' Record Cards

The third change has been the introduction of a new system of record keeping. In 1955 a start was made in the use of a new patients' record card which reduced considerably the amount of time nurses had to spend on records, and makes information available on the Service such as had not before been possible to obtain. The nurses have to do very little writing, the recording being done by ticking different items, and neither the nurses nor the Home Superintendents have to prepare summaries of statistics at the end of each month.

Before starting the new system a visit was paid to the Sheffield Public Health Department where the method was in use, and the benefits of the advice of the Medical Officer of Health, Dr. Llewelyn Roberts, obtained. Our record card is based on his, and I should like to acknowledge the help he gave us.

The District Nursing Service is an important one, is expensive, and it is essential to use the nurses to the best advantage. This is greatly helped if we can see in detail the types of case they deal with, who refers patients to the Service, and the results obtained. Extensive information on the above lines has been obtained with our present method during 1956, the first full year of its use.

Year		Cases brought forward	New cases	Total cases	Total visits
1948	..	589	4,086	4,684	113,903
1949	..	614	4,696	5,310	127,207
1950	..	775	5,434	6,209	131,083
1951	..	768	6,205	6,973	133,690
1952	..	755	7,226	7,981	136,586
1953	..	819	8,166	8,381	157,198
1954	..	958	8,381	9,339	167,665
1955	..	1,058	8,324	9,382	166,983
1956	..	998	8,159	9,157	165,887

### Summary of work in each area

	No. of Cases		No. of Visits	
	1955	1956	1955	1956
Central Home ..	3,604	3,747	67,821	65,007
West End Home ..	2,552	2,980	46,895	54,095
Belgrave Home ..	2,626	2,430	45,143	46,785
Aylestone Home* ..	600	—	7,124	—
Totals ..	9,382	9,157	166,983	165,887

\*Home closed 30th June, 1955

Total males nursed ..	..	4,038
Total females nursed ..	..	5,119

### Classification of Cases and Visits

	1955		1956	
	Cases	Cases	Visits	Visits
Medical ..	7,157	6,814	132,593	144,114
Surgical ..	1,725	1,898	15,215	9,020
Tuberculosis ..	375	247	18,096	11,481
Notifiable diseases ..	17	10	90	95
Maternal complications ..	89	133	875	1,027
Others ..	19	55	114	150

The average number of visits paid to each patient was 18

### Source of the Cases

			No. of cases	%
General practitioners ..	..	..	6,376	69.6
Leicester Royal Infirmary ..	..	..	1,938	21.2
Leicester General Hospital ..	..	..	299	3.3
Hillcrest Hospital ..	..	..	6	0.06
Other Hospitals ..	..	..	84	0.9
Chest Clinic ..	..	..	164	1.8
School Medical Service ..	..	..	8	0.09
Health Department ..	..	..	57	0.62
Welfare Department ..	..	..	19	0.21
Direct application ..	..	..	206	2.2

### Average monthly case and visit load per nurse

	No. of Cases		No. of Visits	
	1955	1956	1955	1956
Central Home ..	16	16	297	295
West End Home ..	16	17	300	322
Belgrave Home ..	18	16	313	300
Aylestone Home*	25	—	297	—

\*Home closed 30th June, 1955

### Result of Treatment by Age Groups

					65 and		
					over	Total	
Recovered	..	..	0-4	5-14	15-64	1,183	5,630
Hospital	..	..	26	26	560	494	1,106
Died	..	..	1	1	180	609	791
Referred to Health Visitor			14	3	108	28	153
Referred to Nursing Home			—	1	3	22	26
Referred to Private Nurse	..		—	1	10	5	16
Refused treatment	..		1	3	11	10	25
Left the district	..	..	4	3	53	123	183
Other causes*	..	..	2	7	73	53	135
Carried forward to 1957	..		13	20	388	671	1,092
Totals	..	..	655	529	4,775	3,198	9,157

\*Treatment continued at doctor's surgery, works surgery, or patient's relatives were able to manage

### Classification of Diseases, Cases and Visits

(Only main diseases are given)

	Cases	Visits	% of total cases	% of total visits	Average No. of visits per case
Tuberculosis .. ..	247	11,481	2.7	6.9	46
Cancer .. ..	457	12,356	5.0	7.4	27
Other tumours .. ..	177	1,195	1.9	0.72	6
Diabetes .. ..	209	10,400	2.3	6.27	49
Anaemia .. ..	164	12,467	1.8	7.5	76
Heart and circulatory ..	1,156	24,370	12.6	14.7	21
Respiratory .. ..	1,861	27,382	20.3	16.5	14
Digestive .. ..	880	4,844	9.6	2.9	5
Renal diseases .. ..	48	449	—	—	9
Generative organs—male and female .. ..	556	3,229	6.01	1.92	6
All maternal complications .. ..	253	2,004	2.8	1.2	8
Boils, abscesses and skin diseases .. ..	1,372	13,552	15.0	8.2	9
Acute rheumatism .. ..	3	141	—	—	47
Rheumatoid arthritis ..	106	3,052	1.15	1.8	28
Diseases of the nervous system .. ..	191	7,043	2.1	7.5	36
Diseases of the eye and ear .. ..	292	3,395	3.2	4.65	12
Other specified or ill-defined diseases .. ..	583	20,959	6.26	—	35
Diseases of the bones ..	187	3,447	2.1	—	18
Congenital malformations	14	363	—	—	26
Infectious and parasitic cases .. ..	27	187	0.295	0.11	7
Allergic disorders .. ..	7	98	—	—	14



### Classification of Diseases, Cases and Visits—*continued*

		Cases	Visits	% of total cases	% of total visits	Average No. of visits per case
Other deficiency diseases		5	143	—	—	28
Accidents :						
Occupational	..	25	394	—	—	15
Road	..	57	597	0.62	0.36	10
Home	..	280	2,339	3.1	1.4	8

### General Observations

The statistics reveal a slight decrease in the number of cases and visits. The case and visit load per nurse remains much the same. The increase of work in the West End area is due to the development of the new housing estates, especially in the Eyres Monsell area.

**Medical cases** were less, with an increase of visits. Several of these were long-term cases, the number of visits depending on the nature of the illness and treatment.

**Surgical cases** increased slightly, with a reduction in the visits, due, no doubt, to the earlier discharge of patients from hospitals, and the minor nature of the surgical nursing required.

**Tuberculosis cases** show a definite decrease—247 cases in 1956 compared with 375 in 1955. This is most gratifying, as information available reveals that hospital beds are more readily available for this type of patient.

**Notifiable diseases** consist of whooping cough, measles, chicken-pox, erysipelas, scarlet fever, and are few in number.

**Maternal complications** are transferred to the Service by the Municipal Midwives, hospitals and general practitioners. This year's figures show some slight increase owing to a number of cases in the final stage of the puerperium being referred from the hospitals.

**Other cases** include those patients sent in for observation and pathological specimens.

**Source of case.** This column reveals that the general practitioner refers the largest percentage of the total cases to the Service. It is pleasing to record the continuity of the direct contact and co-operation between the general practitioner and the Service, established in the early days of district nursing in Leicester. Over 25% of the cases are referred to the Service by the local hospitals and the Chest Clinic. The cases under direct application consist chiefly of patients in the older age groups, application being made by relatives or friends, the nurses continuing visits and treatment only when a doctor is in attendance.



**Treatments** are varied. General nursing is found chiefly in the older age group. Many of these cases are of a chronic nature with incontinence, and the nursing is usually of a heavy nature.

The majority of present-day treatment is injection therapy. Antibiotics are widely used for acute illness and treatment is of short duration. Insulin treatment given to diabetic patients is of long duration, but in many cases the District Nurse will teach the patient or relative how to give the injection, after which, the case is transferred to the Diabetic Health Visitor, thus relieving the District Nurse of long-term supervisory visits. Most other injections are given for long-term illness, e.g. cardiac, anaemia and tuberculosis.

By arrangement with the local hospitals, a number of cases are referred for pre-X-ray treatment, thus relieving the hospitals of some short-term patients.

With reference to classification of diseases, the highest percentage (20.3%) of cases are respiratory, and found in all age groups. Boils, abscesses and skin diseases total 15%. These cases are of a minor nature, hence the low percentage of visits. Disease of the heart and circulation cases 12.6% with a 14.7% visit average—most of these patients nowadays are ambulant and the treatment is injection therapy. Those cases suffering from cancer amount to 5%, with 7.4% visits, or an average of 27 visits to each patient. Accidents in the home should be mentioned. There were 3.1% of these consisting of a few fractures in the older age groups, burns and scalds, and other injuries of a minor nature.

## Nursing of the Aged

Additional statistics in respect of the nursing of those 65 years and over are given below :

				Cases nursed
Male	..	..	..	1,187
Female	..	..	..	2,011
				<hr/>
Total	..	..	..	3,198
				<hr/>
Total visits	..	..	..	90,230

Of these patients, 457 had urinary incontinence and 197 had faecal incontinence.

### Assistance available

Family	..	..	81.6%	Municipal Home Help	3.0%
Friends	..	..	6.2%	Other assistance	.. 1.9%
Neighbours	..	..	2.2%	None	.. .. 5.1%

The patients who did not have assistance suffered from minor illnesses and were usually ambulant.

Where nursed			Bathroom		
Bed upstairs	..	35.2%	Upstairs	..	40.7%
Bed downstairs	..	30.9%	Downstairs	..	7.8%
Ambulant or mobile..		33.9%	None	..	51.5%

Hot water supply			Water closet		
Tap upstairs	..	19.6%	Internal	..	31.5%
Tap downstairs	..	20.4%	External	..	66.9%
Kettle	..	60.0%	Shared	..	1.6%

These statistics reveal that almost 35% of the total cases nursed came into this age group, that over 50% of the total visits were paid to these patients, and approximately 14% had urinary incontinence and 6% faecal incontinence.

In these days when we hear so much about decreasing family responsibility and neighbourliness, the high percentage looked after by members of the family, friends and neighbours, is most striking. Their co-operation and that of the Home Help enables nurse to carry out the required treatment in the patient's own surroundings, so relieving hospital beds for the more needy cases. The care of the aged sick is a well-known problem of our day and age, and will continue. Therefore, the co-operation of relatives, if organised and established in the early days of a chronic illness, can do much to improve the situation.

From the statistics under the heading "Hot water supply", "Bathroom", "Water closet", it is apparent that the larger percentage live in the older type of accommodation and because of the poor facilities available, e.g. relying on a kettle for hot water, the nursing is difficult.

### Nursing of Children

Statistics in relation to children are given below :

Cases nursed	..	..	Under 1	1-4	5-4	Total
Male	..	..	187	245	303	735
Female	..	..	82	141	226	449
			—	—	—	—
Total	..	..	269	386	529	1,184
			—	—	—	—
Visits paid	..	..	2,109	2,620	3,345	8,074
Total children nursed : 1,184. Total visits paid : 8,074						

These figures reveal that a little over 7% of the total cases were children under school age, and 6% children of school age, the percentage of visits being 2.9% and 2.3% respectively.

Consideration has been given to having special arrangements for nursing children at home, but due to the excellent hospital facilities, improved housing conditions, schools, clinics, and other public services, the matter is being left open for further discussion and observation.

### **Nursing Appliances**

Nursing appliances loaned to patients totalled 1,661, consisting of air rings, bed pans, mackintosh sheets, air beds, rubber foam mattresses, bed and ordinary mattresses, the latter being loaned to handicapped patients, when it is desirable to have a well-supported mattress for the patient's comfort and well-being. There is a demand for the rubber foam mattress for long-term cases. These mattresses are extremely beneficial and in great demand.

The Leicester Aid in Sickness Fund has again given valuable help. Several of our necessitous cases have received clothing, fuel, food, monetary grants and convalescence. This help is deeply appreciated by the staff, patients and relatives.

### **Staff**

The establishment has remained at the equivalent of 51 full-time nurses.

Miss M. Hughes, Assistant Training Superintendent, resigned in September for similar work in Liverpool. After successfully completing the Health Visitor Training Course in Leicester, Miss G. Warner was appointed in December to fill the vacancy.

Owing to the general shortage of nursing personnel it is not possible to extend the Service to cover the full 24 hours, but when the position improves it is hoped that this extension will be considered.

### **Training of District Nurses**

As the Central Home, 96 New Walk, is an approved centre for Queen's Institute District Nurse training, it remains a residential establishment. Two courses are held annually, and when possible many of the lectures are combined with the Health Visitor Training Course.

During 1956 eleven students successfully completed training, five for our own staff, two for Nottinghamshire, one for Cheshire County, one for Leicestershire, and one for Northamptonshire, one student gaining a credit in the examination.

I take this opportunity of expressing appreciation to the lecturers, including the Medical Officer of Health and members of his staff, also

the local hospitals, Social Welfare Department, Education Authority and Messrs. Corah's Works, for their co-operation and help.

Refresher Courses for district nurses are arranged by the Queen's Institute of District Nursing. The staff are encouraged to attend once in every five years. During the year, three Superintendents and six Nursing Sisters attended courses at Horsham, Barnett Hill, York and Cambridge.

### **Co-operation with the Local Hospitals**

During the year fifty-seven nursing students from the Leicester Royal Infirmary have visited with the District Nursing Sisters. The Senior Superintendent and Home Superintendents on three occasions attended the Teaching Department at this hospital for discussion on the Home Nursing Service with the students.

A talk on the Home Nursing Service has been given to the nursing students at the General Hospital and the State Enrolled assistant nurses at the Hillcrest Hospital.

It is a pleasure to report the appreciation of the nursing care given to several members of our staff when they have been patients in the local hospitals.

### **Transport**

Transport has improved due to the granting of casual users' car allowances and the purchase of three auto-cycles, the latter providing better protection during the bad weather, and being safer to ride than the motor-assisted cycles, but the present model is rather heavy for the female staff.

In reviewing the year's nursing work it has been interesting and varied, and once again has been a year of heavy, but satisfying work, and the success achieved would not have been possible without the full co-operation of the staff.

Progress has again been maintained, and the demands of the Service met, this being due to the co-operation and help of the Committee, Public Health Department staff, general practitioners, and the hospitals.



## CARE AND AFTER-CARE, INCLUDING HEALTH EDUCATION

### Sherwood Village Settlement

The three Leicester settlers mentioned in my reports for 1954 and 1955 remained in Sherwood Village during 1956.

### Papworth Village Settlement

One case, P.E., was admitted from Leicester in February, 1956.

### Assistance to cases of Tuberculosis

The scheme for the provision of beds and bedding to necessitous cases of tuberculosis was continued and 62 such cases were helped during the year ; of these 13 were new cases.

Free milk was supplied to 240 cases, of which 116 were new cases.

### Convalescence

Recuperative holidays are arranged by the Department for convalescent patients, who, for various reasons, are not in benefit with the Leicester and County Convalescent Homes Society or any similar body. These patients include a certain number of elderly people receiving the Retirement Pension in addition to persons employed by firms not participating in the scheme of contributions to the Society's Fund, and also dependents of such persons.

During the year 1956, arrangements have been made through the National Association for the Prevention of Tuberculosis for several tuberculous patients to spend a fortnight's recuperative holiday at a Spero Holiday Home, these patients being ineligible for admission to other Convalescent Homes.

Mothers requiring to take with them a young baby are another type of case not accepted by Convalescent Homes generally. In some cases the mother is quite unable to cope with her family and domestic duties, owing partly to her own ill-health, extreme fatigue and difficult circumstances, and partly to lack of training in mothercraft. The Department has arranged for several of these mothers, together with their babies, to spend a fortnight's recuperative holiday at a Mother and Baby Home, where, in addition to enjoying a more restful time and change of air, etc., the patients receive a certain amount of training in mothercraft.



The following table gives details of the number of patients for whom recuperative holidays have been arranged during 1956 :

Number of applications	Sent to				No action
	Charnwood Forest	Roecliffe Manor	Hunstanton	Other Homes	
155 (148)	44 (38)	2 (6)	76 (67)	13 (14)	20 as follows : Refused to pay assessment .. 4 (9) Dealt with by Convalescent Homes Society 3 (1) Other reasons : Private arrangements, etc. .. 13 (13)

Note : 1955 figures in brackets

### HEALTH EDUCATION

(Mr. E. W. HARRIS, Health Education Assistant)

I have pleasure in submitting my fourth Annual Report as Health Education Assistant, covering my work for the year ending 31st December, 1956.

#### Film and Lecture Service

During the year 127 meetings were attended with films. At most of these meetings a particular theme had been selected by the organisers, and after a short introductory talk, films on the theme were shown.

The meetings are classified as follows :

	Number of meetings		Persons present
Youth Organisations ..	..	12	329
Parent/Teacher Associations ..	..	11	631
Hospital Staff .. ..	..	7	342
Church Groups .. ..	..	6	175
Student Nursery Nurses ..	..	5	117
Teachers' Training Colleges ..	..	5	454
Townswomen's Guilds ..	..	3	96
Young Wives' Groups ..	..	2	89
Evergreen Clubs .. ..	..	1	42
Women's Institute .. ..	..	1	38
Civil Defence .. ..	..	1	37

Meetings, etc.— <i>continued</i>			Number of meetings	Persons present
Co-operative Guild	..	..	1	22
St. John Ambulance	..	..	1	15
In Service Groups	..	..	18	399
Welfare Clinics ..	..	..	26	380
Women's Public Health Association			1	125
Working Men's Club	..	..	1	28
Other Organisations	..	..	25	557
			<hr/> 127	<hr/> 3,876

At 19 of the above meetings the subject was "The Work of the Health Department". Following a talk, the Health Services film was shown, always, of course, leaving time for questions. The attendance figures at these meetings were 718, varying from an audience of one (Mr. Hussein, a visitor from Singapore) to 125 (members of the Women's Public Health Section who were on a course in Leicester).

Although the Leicester Health Services film was made over five years ago (and consequently is a little out of date) and has been screened 193 times, it continues to serve a most useful purpose. It is hoped that a revised version will shortly go into production.

Three more films were purchased during the year and have been added to the library :

"Let's keep our teeth"  
 "Nature shows the way"  
 "Human Reproduction".

These films are in continuous use, and in view of the high hire charges and increased postal rates for return to libraries, the cost should quickly be recovered.

Talks were also given by Medical Officers of the Department, members of the Home Help, Health Visiting, Public Health Inspection, Mental Health, City Analyst's, District Nursing and Ambulance Services.

Visual aids, i.e. films, filmstrips, slides and flannelgraphs were used to support talks whenever possible.

Filmstrips on all subjects connected with health of the young child were purchased and used by Health Visitors to support talks given in the Welfare Clinics.

A new venture in visual aid material was the taking of 35 mm. coloured "still" shots of the work of the Health Visiting and District Nursing Services. The mounting of these prints then enables a set of

slides to be used to support talks on the work of the Service. Further reference to this type of visual aid will be found in the section on the Emily Fortey School.

Other slides have been made of items to be used for reference and record purposes.

**Publicity**

Copies of the Health Services booklet have been circulated during the year, but as some of the material is now out of date a new edition is in course of preparation.

Copies of the booklet “Better Health” have been circulated monthly. Slogans on the bus cards have been changed every fortnight and this means of publicity is still considered to be most widely read.

**Visitors**

Following talks given to domestic science students and students at the Teachers’ Training College, many of the students have visited the office to collect leaflets, posters, etc. and to obtain more information on the display materials which are available on loan. Many requests have also been received from teachers for information on visual aids and materials (posters, etc.) to assist in health education projects in their schools.

**Staff Meetings**

Following the three meetings held in 1955, details of which were mentioned in my last report, four further meetings were arranged during the year under review. All members of the staff are invited to attend and the response was such as would indicate the excellence of the talks given.

The following subjects were dealt with at the quarterly meetings of staff from all sections of the Department :

20th March	.. “The Aged”	.. Speakers : Deputy Medical Officer of Health, Health Visitor, Home Help, District Nurse, Mental Health Worker and Public Health Inspector.
12th June	.. “Speech Therapy”	.. Miss Allen (City Education Department).
18th September	.. “Local Authority Dental Service”	Mr. Reynolds, Mr. K. A. Smith
4th December	.. “Food and Drugs Sampling”	.. Mr. Stacey
	“Work of City Analyst”	Mr. Bullock

On the 5th September, Miss Allen gave a repeat of her talk to members of the staff who were unable to be present at the meeting in March.

### **Health Education Advisory Committees**

Meetings of the Senior and Junior Committees have taken place at intervals during the year to discuss various propositions for promotion of health education projects.

These meetings have been most helpful in providing suggestions for subjects for the staff meetings, points to be demonstrated at the Abbey Park Show, slogans for bus cards, etc.

### **Exhibitions**

#### *(a) Abbey Park Show*

The theme of the Department's section this year was "Care of the teeth".

The heading of the stand was "A House in Tothtown", and the exhibition consisted of a comparison between a house and a tooth, i.e. omitting to take care of a house results in disrepair and eventual collapse, omitting to take care of the teeth results in decay and eventual loss of the teeth. The information given in the exhibition concerned all ages, including the expectant mother.

This exhibition was undoubtedly the most successful to date. Items claiming most attention were the stereoscopic viewer loaned by the Dental Council showing the results of neglect, an X-ray viewer showing photographs taken of malocclusions caused in a child's mouth through losing teeth prematurely, and a tape-recorder loaned from United Film Services which was used :

- (1) In conjunction with a moving exhibit showing the various stages of tooth decay.
- (2) To allow children to record their voices whilst reading out the rules for creating good teeth. The recording was immediately played back and the reader plus a considerable audience of children and parents listened to the reading of these simple rules. Members of the staff working the recorder then emphasised the importance of proper care of the teeth.

Mr. Reynolds, the Principal School Dental Officer, was in attendance during the two days of the show, and spent most time with the recorder, taking the opportunity to give short talks on the subject. Other exhibits were provided by the school dental mechanics.



A continuous programme of films was shown in another tent, and as in previous years, these films were a great attraction and certainly helped to draw the crowds to our section of the show.

Mr. Reynolds considered that a great deal of good had been done at the exhibition, particularly to the young children.

May I take this opportunity of thanking Mr. Reynolds and his staff and Mr. Beresford and other members of the department for assisting in the preparation and manning of the stand.

#### *(b) Home Life Exhibition*

The theme of the Department's stand at the exhibition this year was "Immunisation and Vaccination". Due to the nature of the subject the exhibits were mainly factual, giving simple points and quoting statistics on poliomyelitis, diphtheria, whooping cough, tuberculosis and small-pox and showing the necessity for immunisation and vaccination against the spread of infection.

The stand was manned by doctors and health visitors, and cards on the stand indicated that questions were welcomed.

A considerable amount of interest was shown, and over two hundred questions were asked in the ten days, ranging from the most common, "Is it safe to have my child vaccinated against poliomyelitis?" to the one question, "Can a human being be immunised against fowl pest?"

My thanks are again due to members of the Health Education Advisory Committee and health visitors for their help in the preparation and manning of this exhibition.

#### **Milk Bottle Hygiene**

As mentioned in my last annual report, an exhibition of the posters submitted in the poster painting competition run in conjunction with this campaign was held in December, 1955, at Messrs. Whitby's Garage. During the exhibition, Mrs. Duncan, Publicity Officer of the Central Council for Health Education, came from London to view the posters and subsequently the prize-winning poster in the senior group was selected by the Council for bulk printing.

A supply of these posters was received in June, 1956, and copies were forwarded to all suppliers of milk in the city.

I have since been informed that the Central Council for Health Education has received several orders from other authorities for supplies of this poster.

## **Emily Fortey School**

On the 27th September the recently-built City School for Handicapped Children was officially opened by the Rt. Hon. R. H. Turton, M.C., M.P., Minister of Health. A short film and slides were made of the official opening and a sound recording of the opening speeches was taken.

The film, slides and recording were later given at a meeting of the parents of the children on the 23rd October.

On the morning of his visit the Minister visited the Home Help Service at 138 Regent Road, where he was shown the film on the "Health Services of Leicester", and afterwards visited the Deaf Clinic.

## **Summer School**

The School arranged by the Central Council for Health Education was held at Kesteven Training College, Soke Rochford, Lincolnshire, from the 14th to 24th August.

I was one of 99 participants in this school, and in addition to England and Wales, 19 countries were represented. Included in these were medical officers of health, medical officers from overseas, one general practitioner, a representative from the Ministry of Health, nurses, teachers, public health inspectors, health education organisers, administrative officers, occupational welfare workers and the maternity and child welfare editor of a leading woman's magazine.

The theme and function of this year's school was to study "Teamwork and techniques in Health Education". Integration of the health services is nowhere more necessary than in the field of health education. With the improvement of relationships in view, members of the School divided into "shop" groups and discussed the integration of the various health, welfare and education services in relation to a particular problem. They also divided into practical groups to improve their knowledge and skills in the making and use of materials for health education.

Outside the groups full use could be made of the opportunities for personal discussion and exchange of ideas with others working in the field of health education, and I am most grateful for having had the opportunity to be a participant in this School.

## VENEREAL DISEASE

I am indebted to the Physician in charge of the Treatment Centre, Royal Infirmary, for the following table of cases treated, etc.—the 1955 figures are in brackets.

### Incidence of Venereal Disease and Allied Conditions in 1956

	Syphilis		Gonorrhoea		Other		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
Number of cases under treatment or observation, 1st January, 1956	114 (117)	155 (159)	19 (21)	6 (19)	21 (20)	6 (7)	154 (158)	167 (185)	321 (343)
New patients during 1956 including inward transfers and returned cases .. ..	26 (23)	24 (38)	142 (75)	42 (37)	472 (438)	265 (264)	640 (536)	331 (339)	971 (875)
Totals .. ..	140 (140)	179 (197)	161 (96)	48 (56)	493 (458)	271 (271)	794 (694)	498 (524)	1,292 (1,218)
OUT									
Number discharged cured or needing no treatment .. ..	31 (23)	32 (31)	105 (62)	34 (45)	451 (415)	255 (261)	587 (500)	321 (337)	908 (837)
Defaulted .. ..	2 (2)	8 (7)	9 (6)	2 (3)	20 (12)	10 (4)	31 (20)	20 (14)	51 (34)
Transferred .. ..	5 (1)	4 (4)	14 (9)	1 (2)	5 (10)	— (—)	24 (20)	5 (6)	29 (26)
Remaining at 31st Dec., 1956 .. ..	102 (114)	135 (155)	33 (19)	11 (6)	17 (21)	6 (6)	152 (154)	152 (167)	304 (321)
Totals .. ..	140 (140)	179 (197)	161 (96)	48 (56)	493 (458)	271 (271)	794 (694)	498 (524)	1,292 (1,218)

Of the new patients that are enumerated in the above table, the numbers from the City of Leicester were :

Syphilis .. ..	21
Gonorrhoea .. ..	151
Other conditions ..	488
	<u>660</u>

In all, a gross total of 6,405 attendances were made during the year by all patients who attended the clinic.

For the first time, as far as I am aware, not one single case of primary or secondary syphilis came to light at the clinic during the year.

# NATIONAL ASSISTANCE ACT, 1948

## SECTION 47

Five cases were referred to the Medical Officer of Health under this Section of the National Assistance Act, which provides for the compulsory removal of patients to hospital when they are ill and not receiving proper care at home. Two of the cases were referred by officers of the Welfare Department, two by general practitioners and one by the Housing Department. In no case was it considered necessary to recommend compulsory removal. This does not imply any criticism of those who referred the cases, as the patients' conditions were all most difficult and the care they were receiving at home at the time of referral was unsatisfactory. Home Helps were arranged for three, one patient died very soon after referral and the general practitioner persuaded another to go to hospital.



# CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

The Medical Officer of Health continued to act as Co-ordinating Officer for children neglected or ill-treated in their own homes under the terms of the joint Circular of the Ministries of Health and Education and of the Home Office.

The work which the department undertakes in this connection is very closely linked with the prevention of break-up of families dealt with in the next section of this Report.

During the year 26 new cases were referred to the Medical Officer of Health under the co-ordination arrangements. This is considerably less than in the two previous years when the numbers were 43 and 40 respectively. One cannot be sure why there were fewer. Possibly because the machinery for dealing with cases has been improved during the years since 1951 when co-ordination was started so that almost all the families where neglect would have been likely are now receiving special care. Also the agencies dealing with children are now paying more attention to the prevention of neglect, presumably with some success. The work of the Home Help Department and Family Service Unit has also developed within recent years.

The cases were reported to the Medical Officer of Health by the following officers :

Referred by			Total
Chief Constable	..	..	14
Children's Officer	..	..	5
Education Department			
(School Attendance Department)	..		3
School Health Service	..	..	3
Health Visitor	..	..	1
Total			26

The cases were referred to the following departments, some cases being referred to more than one :

Maternity and Child Welfare	..	7
School Health Service	..	7
Home Help Department	..	6
Children's Department	..	2
Chief Sanitary Inspector	..	2
Health Visitor	..	1
Mental Health Department	..	1
Housing Department	..	1
School Psychological Service	..	1
		28

Action taken or final decision by M.O.H.	Neglected	Not neglected	Total
No action necessary .. ..	—	8	8
Home Help to assist .. ..	6	—	6
N.S.P.C.C. to supervise .. ..	2	2	4
Children's Officer to deal .. ..	2	—	2
Health Visitor to supervise .. ..	1	—	1
Child admitted to Open-Air School ..	1	—	1
Housing Department and Health Visitor to assist .. ..	1	—	1
Sanitary Inspection Department to deal .. ..	—	1	1
Referred to Mental Health Depart- ment .. ..	1	—	1
Health Visitor to persuade parents to accept marriage guidance ..	—	1	1
Totals .. ..	14	12	26

Case conferences were held on a total of 15 families—eight families referred in 1956 and seven previously referred.

A conference is not held as a routine but only when there is some indication that it will be useful in providing information about a family, promoting discussion on how their problem should be dealt with and giving a decision on a course of action, which is usually to make one particular agency specially responsible for the family, the other agencies then trying to avoid visiting when possible, so that there is not a multiplicity of visitors to the home. A request that a conference be held on a family may come from any officer concerned with the family. Invitations to attend are sent to any of the agencies who are known to be dealing with the family. Certain officers, e.g. the Children's Officer, are always informed and attend or not according to whether they consider it necessary and whether they have been involved with the case. Apart from the help conferences give in assisting particular families, they are also most useful in bringing together officers who may have very different points of view concerning the action that should be taken. Frank discussion clears up difficulties and those attending are able to appreciate better each other's attitudes. Copies of reports on conferences are frequently sent to the family's general practitioner.

Most conferences are attended by ten or twelve people but at one during the year there were no less than twenty present—three head teachers and one class teacher, representatives from the Children's,

Education, Health and Housing Departments, Child Guidance Unit, National Assistance Board, N.S.P.C.C., and the Probation and School Health Services. All these agencies were working with the family, mostly from different aspects.

As a result of conferences the main responsibility for the 15 families was agreed as follows :

Home Help Department	..	..	9
Family Service Unit ..	..	..	2
School Health Service	..	..	1
Health Visitor ..	..	..	1
Probation Department	..	..	1
Mental Health Department	..	..	1

In addition, numerous subsidiary decisions were reached, e.g. that convalescence be arranged, children be referred for child guidance, bedding or furniture be supplied by one of the local charities, the National Assistance Board be consulted, that a head teacher—present at the conference—take action, that a child be recommended for admission to hospital, that the Education Department take action, that a general practitioner be consulted.

Follow-up conferences are arranged as necessary.

My thanks are due to all the different agencies concerned with this work for their considerable help during the year.

I am particularly grateful to Dr. Ross, who has acted as Convenor to and Chairman of the case conferences.

## HEALTH OF CHILDREN

### PREVENTION OF BREAK-UP OF FAMILIES

The prevention of break-up of families continues to be one of the main duties of the Health Department and particularly of its Health Visitors and Home Helps.

Work continued during the year on the lines of Ministry of Health Circular 27/54 which was commented on fully in last year's Report.

An important new development was that the scheme was started for a trial period of one year whereby a maximum of the equivalent of six home helps at any one time can be allowed without charge for families who are problem families or incipient problem families, where home helps should be provided to undertake the work of rehabilitation of the families and where this work would be hampered by any charge to be made for the service of home helps.

The circumstances of families who are recommended for such help (there was a total of 15 such families so helped in the year) are considered by a small committee of officers of the Health Department, their decision being subject to later confirmation by the appropriate sub-committee of the Health Committee.

Further details of this scheme will be found in the report of the Home Help Organiser in Appendix II. A total of 90 problem families was helped by the home helps in various ways during the year.

The Family Service Unit also assists with this type of family, receiving a grant from the City Council. I am indebted to the Secretary of the Unit for the following statistics of their work :

Families open at 1st January, 1956	..	22
„ closed during the year	..	12
		—
		10
„ opened during the year	..	5
„ re-opened during the year	..	1
		—
„ open at 31st December, 1956	..	16
		—



## BLIND PERSONS

I am indebted to Mr. K. J. Powell, Director of Welfare Services, for the information included in this Section.

### Classification according to age (at Date of Registration) of Partially Sighted Persons Registered in 1956

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70+	Totals
<b>Cataract :</b>																
Male ..	-	-	-	-	-	-	1	-	-	-	-	-	1	-	5	7
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12	12
<b>Glaucoma :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
<b>Retrolental Fibroplasia :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Others :</b>																
Male ..	-	-	-	-	-	1	-	-	-	-	-	1	-	-	1	3
Female ..	-	-	-	-	-	-	-	-	-	-	-	1	1	4	4	10
<b>*Totals</b>	-	-	-	-	-	1	1	-	-	-	-	2	2	5	23	34

\*These figures include 5 persons transferred from the Blind Register

### Classification according to age (at Date of Registration) of Blind Persons Registered in 1956

	0-	1-	2-	3-	4-	5-10	11-15	16-20	21-30	31-39	40-49	50-59	60-64	65-69	70+	Totals
<b>Cataract :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	2	7	9
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	1	1	17	19
<b>Glaucoma :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	3
Female ..	-	-	-	-	-	-	-	-	-	-	-	1	-	-	5	6
<b>Retrolental Fibroplasia :</b>																
Male ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Female ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Others :</b>																
Male ..	-	2	-	-	3	-	-	-	-	1	-	-	3	1	14	24
Female ..	-	-	-	-	-	2	-	-	-	-	-	3	1	3	17	26
<b>*Totals</b>	-	2	-	-	3	2	-	-	-	1	-	4	5	7	63	87

\*These figures include 7 persons transferred from the Partially Sighted Register

### Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para. 7(c) of Form B.D.8 recommends :	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment ..	19	6	—	41
(b) Treatment (medical, surgical or optical) ..	21	4	—	18
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment .. ..	12	4	—	15

In the 66 cases referred to in the above table, Item (i) (a), where no treatment was recommended, 30 cases are included where continued hospital supervision was advised.

Also included in these figures is one case where, in the opinion of the examining ophthalmic specialist, there was nothing wrong with the patient's eyes, but the man was "psychologically" blind. Psychological treatment was commenced, but the man left Leicester shortly afterwards.

## HOUSING

### New Housing

During the last five years the following houses have been built in Leicester :

	1952	1953	1954	1955	1956	Total
By Housing Committee ..	1,216	1,343	1,530	1,205	1,415	6,709
By private builders ..	232	341	629	534	426	2,162
Totals .. ..	1,448	1,684	2,159	1,739	1,841	8,871

The 1,415 houses built by the Corporation in 1956 were on the following Estates, some of which were in the County area, which accounts probably for the drop in population of the city as noted at the beginning of the Report :

New Parks .. ..	82
Thurnby Lodge (County) ..	475
Eyres Monsell .. ..	16
Mowmacre .. ..	537
Nether Hall (County) ..	297
Braunstone .. ..	8
	<hr/>
	1,415
	<hr/>

The total number of houses built by the Corporation since the war, i.e. from 1946 to the end of 1956, was the excellent figure of 10,627.

### Slum Clearance

During the year 1956, considerable progress in clearing the city of the worst slums has been made. No less than 21 areas have been represented and many of them have been confirmed as Clearance or Compulsory Purchase Areas.

Area No.	Name	C.O. or C.P.O.	Number of houses	Other buildings
125	Baker Street ..	C.P.O.	152	10
126	Constitution Hill	C.P.O.	26	—
127	North Bridge Place	C.O.	22	—

Area No.	Name	C.O. or C.P.O.	Number of houses	Other buildings
128	Crane Street ..	C.P.O.	29	—
129	Friars Causeway ..	C.O.	4	—
130	Blake Street ..	C.P.O.	2	—
131	Foxon Street ..	C.O.	35	—
132	Royal East Street..	C.P.O.	9	—
133	Orchard Street ..	C.O.	3	—
134	Pentonville ..	C.O.	33	—

All the above Orders are (at the time of writing this Report, 1st May, 1957) confirmed as Clearance or Compulsory Purchase Orders. It should be noted that Area No. 134, Pentonville, was mentioned as Area No. 113 as a C.P.O. in last year's Report. It became necessary to change its designation as indicated above.

Area No.	Name	C.O. or C.P.O.	Number of houses	Other buildings
135	Warrington Street ..	C.P.O.	173	1
136	Allan Street ..	C.O.	7	—
137	St. Bernard Street ..	C.O.	6	—
138	Littleton Street ..	C.O.	4	—
139	Free Lane ..	C.O.	7	—
140	Albany Cottages, All Saints' Road ..	C.O.	16	—
141	Woodgate Cottages, Woodgate ..	C.O.	20	—
142	Loughborough Cottages, Loughborough Road..	C.P.O.	36	—
143	Vine Street ..	C.O.	4	—
144	Pingle Street ..	C.O.	6	—
145	Fuller Street ..	C.O.	16	—
Total ..			610	11

In addition, during the year 1956, action was taken under Sections 11 and 13, Housing Act, 1936, and 29 dwelling houses were ordered to be demolished and a further 45, previously condemned, were demolished.

Closing Orders on 17 houses were made under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953.



The following table shows the position as at the 31st December, 1956, of the progression of re-housing of families :

**Houses in Clearance Areas and Compulsory Purchase Orders  
(Confirmed). Position at 31st December, 1956**

Area	Houses in Scheme	Houses Vacated	Awaiting Removal
No. 30 (Fleet Street, No. 3) .. C.P.O. 1935	22	21	1
No. 65 (Sanvey Gate, No. 1) .. C.O. 1937	3	1	2
No. 67 (Causeway Lane, No. 1) .. C.P.O. 1937	245	239	6
No. 70 (Causeway Lane, No. 4) .. C.P.O. 1937	9	5	4
No. 89 (Wellington Street) .. C.P.O. 1938	173	161	12
No. 89 (Wellington Street) .. C.O. 1938	77	75	2
No. 97 (Elton Street) .. .. C.O. 1938	6	4	2
No. 113 (Pentonville) .. .. C.P.O. 1955	7	5	2
Nos. 115/119 (Russell Street) .. C.P.O. 1955	683	662	21
Nos. 120/122 (James Street) .. C.P.O. 1956	77	8	69
No. 123 (York Road) .. .. C.P.O. 1956	18	13	5
No. 124 (Friar Lane) .. .. C.P.O. 1956	21	17	4
Nos. 125 and 126 (Baker Street) .. C.P.O. 1956	178	1	177
No. 127 (North Bridge Place) .. C.O. 1956	22	—	22
No. 128 (Crane Street) .. .. C.P.O. 1956	29	—	29
No. 129 (Friars Causeway) .. C.O. 1956	4	—	4
No. 130 (Blake Street) .. .. C.P.O. 1956	2	2	—
No. 131 (Foxon Street) .. .. C.O. 1956	35	17	18
No. 132 (Royal East Street) .. C.P.O. 1956	9	6	3
No. 133 (Orchard Street) .. C.O. 1956	3	2	1
No. 134 (Pentonville) .. .. C.O. 1956	33	20	13

### Individual Unfit Houses

Act under which Action taken	Houses repre- sented to Health Com- mittee	Houses on which Order made	Statutory Under- takings not to Re-Let	Houses vacated	Awaiting removal
Housing Act, 1936 Section 11 .. From July 1939	347	298	38	308	39
Leicester Improve- ment Drainage and Markets Act, 1868 .. ..	37	37	—	37	—
Local Government (Miscellaneous Provisions) Act, 1953—Section 10	56	53	—	49	7
Voluntary Under- takings ..			14	12	2

# Report on the Chest Clinic for 1956

by

C. M. CONNOLLY, M.D., M.R.C.P., D.P.H.

There has been little change in the work of the Chest Clinic during the year. Emphasis has, as usual, been placed on case-finding and on improvement, where possible, in the control of infection. Chest radiography and tuberculin testing have been used in case-finding as fully as our facilities have allowed, and in the control of infection, the chronic positive cases have been intensively treated to try to render them sputum negative and non-infectious.

## New Cases

Recent improvements in case-finding, together with better control of the disease when discovered, should lead eventually to a decline in tuberculosis morbidity. This decline has so far been slow in gaining momentum. A total of 345 new cases of tuberculosis were registered during 1956, as compared with 394 in 1955. These figures include cases previously notified who came to live in the city during the year (transfers in), and a more accurate figure of tuberculosis morbidity is obtained by excluding these "transfers in". When cases who transferred in from other areas are excluded, the number of new cases found in the city during 1956 was 258, as compared with 249 in 1955. The pulmonary cases increased by nine. The non-pulmonary cases were the same as last year.

These new cases of tuberculosis discovered during the year are analysed in the tables that follow. It will be seen from the tables that the trend towards an increasing incidence of pulmonary disease in the older male age groups continues. The number of new pulmonary cases in both sexes is almost equal up to the age of 45 years (79 males as against 74 females), but after this age there is a marked preponderance of the disease in the males (68 males as against 10 females).

## **Radiological Examination of Contacts**

There has been an improvement in the number of contacts X-rayed (2,988 in 1956, as against 2,588 in 1955).

The number of cases of tuberculosis found in contacts, including home, business, and school contacts, was 30, i.e. 10 per thousand persons examined. The Health Visitors are to be congratulated on the work they are doing in persuading the contacts to attend for chest X-ray.

## **School Case-Finding Scheme**

This scheme has continued to prove useful and of the 109 tuberculin positive school entrants referred by the School Medical Service during the year, three cases were found to have active primary infection. When the home contacts of these infected children were investigated a further two cases of active tuberculosis were discovered.

## **Radiological Examination of Expectant Mothers**

There has been an improvement during the year in the number of expectant mothers who have been referred to the Clinic for chest X-ray. 2,597 expectant mothers accepted chest X-ray as against 1,797 in 1955, and six cases of active tuberculosis were discovered. When one considers the great risk to which the infants of these six mothers would have been exposed, if the mothers had remained untreated during pregnancy, and the danger of the development of tuberculous meningitis in those infants who became infected, the importance of chest X-ray of all expectant mothers is seen in its true perspective. With our present treatment facilities, infection in the infants can safely be prevented.

## **B.C.G. Vaccination**

B.C.G. vaccination was again offered to all young contacts of tuberculous cases who were tuberculin negative. During the year, 831 vaccinations were performed, as against 777 in 1955. Since October 1950, when the scheme was put into operation, a total of 4,516 vaccinations have been carried out.

## **Tuberculin Survey**

It was considered useful to continue our small survey by tuberculin testing a random sample of children and adults (but excluding known contacts) who attended the Chest Clinic during 1956. A total of 705 persons were tuberculin tested by the Heaf Multiple Puncture method, and the tuberculin state in age groups is given in the following table :



**Tuberculin Survey of Patients attending the Clinic during  
1956 (excluding known contacts)**

Age Group	Number tested	Number Positive	Number Negative	% Positive
0- 4	81	1	80	1.2
5- 9	138	6	132	4.3
10-14	132	20	112	15
15-19	54	27	27	50
20-34	160	130	30	81
35+	140	128	12	91

As compared with the small survey in 1955, the results are similar in adults, but in children it is satisfactory to note a somewhat lower incidence of infection and tuberculin allergy.

### Chronic Cases

Intensive treatment by chemotherapy of the chronic positive cases has been continued during the year. The main purpose of this treatment is to control the infectivity of this important group who are largely ambulant and consequently tend to be a considerable public health problem. Two-thirds of the chronic cases are males in the older age groups, and approximately 50% are fit for employment. We have been able to give prolonged chemotherapy to the great majority of the chronic positive sputum cases and 332 of these have been followed up to assess the results. Most of the 332 cases were started on chemotherapy at the beginning of 1955 and the results so far are shown below. Only those cases who have remained sputum negative for more than 12 months are included in the sputum negative group.

Number of chronic positive cases put on long term chemotherapy	332
Number of cases who have become sputum negative .. ..	241
Number of cases still sputum positive .. ..	91

Of the 241 cases in whom sputum conversion has been obtained, 151 have now remained sputum negative for two years. Of the 91 cases who have remained sputum positive, 43 have been found to harbour drug-resistant tubercle bacilli, and this is considered to be the main cause of failure to obtain sputum conversion in these cases. The infectivity of some of these drug-resistant tubercle bacilli is in doubt at present, but we must presume them all to be still infectious, and the older but still effective preventive measures have to be relied on in these cases.

## Rehabilitation

To ensure that suitable work is obtained by quiescent cases, the facilities offered by the Ministry of Labour have been utilised as fully as possible during the year, and cases have been referred when necessary to the Industrial Rehabilitation Unit and Government Training Centre in Humberstone Lane, Leicester.

A new post of Social Worker was made by the Local Authority during the year, and Miss E. C. Hassall joined the Staff of the Chest Clinic on 3rd September, 1956. The liaison between the various services dealing with the rehabilitation of tuberculous cases has already begun to benefit from this appointment. Tuberculous patients have also benefited during the year from the services of the Senior Occupational Therapist at the Leicester Isolation Hospital and Chest Unit, Miss Stubbs, who has been able to visit suitable cases in their own homes.

## Deaths

There has been a considerable reduction in deaths from tuberculosis during the year. The number of deaths was 30, as against 59 in 1955. These deaths are analysed in the tables which follow, and it will be seen that the vast majority of the deaths continue to occur in chronic cases, who have been on the Tuberculosis Register for a number of years. The considerable reduction in the number of deaths is largely due to the intensive drug treatment given now to all diagnosed cases, including chronic cases. The only death which occurred under the age of 15 years, was in a child severely handicapped by mental deficiency and epilepsy. This was a death adjustment and the case was not known to the Chest Clinic until after death.

The following table shows the sources from which cases of tuberculosis notified in 1956 came :

Transferred in from other Areas	..	..	..	87
Home contacts of notified cases	..	..	..	26
Referred by the Mass Radiography Unit	..	..	..	41
Referred by the National Service Medical Board	..	..	..	1
Death adjustments	..	..	..	7
School Case-finding Scheme other than Mass Radiography				5
Scheme for X-ray of pregnant women	..	..	..	6
Business Contacts	..	..	..	3
Contacts of certain observation cases	..	..	..	1
"Lost sight of" cases returned	..	..	..	3
Cases referred by Service Medical Officers	..	..	..	3
Cases referred by Hospital Medical Officers	..	..	..	43
Cases referred to the Clinic by General Practitioners	..	..	..	119
				<hr/>
				345
				<hr/>

The following table gives the number of new cases, including transfers-in, since 1925 :

1926	..	Pulmonary, 650 ;	Non-pulmonary, 77 ;	Total, 727
1927	..	700 ;	80 ;	780
1928	..	668 ;	117 ;	785
1929	..	657 ;	77 ;	734
1930	..	582 ;	66 ;	648
1931	..	511 ;	61 ;	572
1932	..	442 ;	69 ;	511
1933	..	438 ;	74 ;	512
1934	..	331 ;	72 ;	403
1935*	..	460 ;	100 ;	560
1936	..	355 ;	79 ;	434
1937	..	345 ;	88 ;	433
1938	..	310 ;	84 ;	394
1939	..	299 ;	84 ;	383
1940	..	343 ;	101 ;	444
1941	..	390 ;	75 ;	465
1942	..	365 ;	85 ;	450
1943	..	359 ;	93 ;	452
1944	..	392 ;	52 ;	444
1945	..	355 ;	60 ;	415
1946	..	440 ;	55 ;	495
1947	..	458 ;	68 ;	526
1948	..	403 ;	78 ;	481
1949	..	410 ;	51 ;	461
1950	..	555 ;	46 ;	601
1951	..	443 ;	46 ;	489
1952	..	473 ;	41 ;	514
1953	..	455 ;	39 ;	494
1954	..	392 ;	56 ;	448
1955	..	361 ;	33 ;	394
1956	..	316 ;	29 ;	345

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\*City Boundary extended and population increased by 20,000. The figure given for 1935 included 139 pulmonary and 23 non-pulmonary taken over from the County

The following table gives the sex and age periods of those notified during 1956 :

Age Periods ..	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 +	Total
Pulmonary											
Males ..	6	2	3	9	14	24	21	33	21	14	147
Females ..	4	6	2	14	12	21	15	5	2	3	84
Non-pulmonary											
Males ..	—	1	1	1	3	4	—	2	—	—	12
Females ..	—	2	—	2	2	1	3	1	1	3	15

The following table gives the sex and age periods of those transferred in from other areas during 1956 :

Age Periods ..	0-4	5-9	10-14	15-19	20-24	25-34	35-44	45-54	55-64	65 +	Total
Pulmonary											
Males ..	—	—	—	—	11	23	8	4	1	—	47
Females ..	—	—	—	2	15	16	4	1	—	—	38
Non-pulmonary											
Males ..	—	—	—	—	—	1	—	—	—	—	1
Females ..	—	—	—	—	—	1	—	—	—	—	1

The following table gives the number of young adults notified in the age periods 15-19 and 20-24 during the past six years :

**Pulmonary Tuberculosis in Young Adults (Notifications)**  
(15-24) during the past six years

Ages	1951		1952		1953		1954		1955		1956	
	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	14	32	26	33	23	23	8	16	9	18	9	14
Females ..	36	46	33	38	24	21	17	19	16	12	14	12
Total ..	50	78	59	71	47	44	25	35	25	30	23	26
Total both sexes ..	128		130		91		60		55		49	



## DEATHS (*Local figures*)

Deaths due to Pulmonary Tuberculosis .. .. 27

Deaths due to non-Pulmonary Tuberculosis .. 3

The pulmonary deaths (27) are thirty less than in 1955. The non-pulmonary deaths (three) are one more than in 1955.

### *Place of Death.*

Leicester Isolation Hospital and Chest Unit .. 9

Other Institutions .. .. 2

In patients' own homes .. .. 16

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27

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### Number of Deaths from Tuberculosis in Leicester during the past 18 years

Year	Phthisis		Other Tuberculous Diseases		Total Tuberculous Deaths	
	Deaths	Rate per 100,000 Population	Deaths	Rate per 100,000 Population	Deaths	Rate per 100,000 Population
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1939	183	70	25	9	208	79
1940	200	77	34	13	234	90
1941	197	74	39	15	236	89
1942	166	64	37	14	203	78
1943	179	70	27	11	206	81
1944	175	68	20	8	195	76
1945	153	60	30	12	183	71
1946	162	60	26	10	188	70
1947	186	67	21	8	207	75
1948	167	60	20	7	187	67
1949	153	54	21	7	174	61
1950	134	47	7	2	141	49
1951	98	34	7	2	105	36
1952	96	33	6	2	102	35
1953	68	24	5	2	73	25
1954	65	23	6	2	71	25
1955	57	20	2	1	59	21
1956	27	9	3	1	30	10

The following tables give the Age, Sex Distribution and Occupation of those dying from Pulmonary Tuberculosis during 1956 :

**Age and Sex Distribution of Deaths from Phthisis in 1956**

Age Period	Males	Females	Total
0— 1 ..	—	—	—
2— 4 ..	—	—	—
5— 9 ..	—	1	1
10—14 ..	—	—	—
15—19 ..	—	—	—
20—24 ..	—	—	—
25—34 ..	2	1	3
35—44 ..	2	—	2
45—54 ..	3	2	5
55—64 ..	5	1	6
65+ ..	8	2	10
All Ages ..	20	7	27

**Occupations of Persons Dying from Phthisis in 1956**

	M.	F.		M.	F.
<b>Hosiery Trade</b>					
Counteraman .. ..	1	—	Rubber Tyre Cleaner ..	1	—
Warehouseman .. ..	1	—	Leather Seasoner .. ..	1	—
			Lorry Driver .. ..	1	—
<b>Shoe Trade</b> .. ..			Bank Manager .. ..	1	—
Clicker .. ..	1	—	Church Verger .. ..	1	—
Heel Builder .. ..	1	—	Clerks .. ..	2	—
Machine Minder .. ..	1	—	Occupations not stated (includes married* women, widows, chil- dren, and persons of no occupation) ..	3	7
<b>Engineering</b>					
Fitter .. ..	1	—			
Labourer .. ..	1	—			
Storeman .. ..	1	—			
Engineers .. ..	2	—	Grand Total ..	20	7

\*A large number of married women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women, and widows, only the husband's occupation is registered.

## ANALYSIS OF DEATHS

### Pulmonary Cases on Chest Clinic Register

Stage when first examined			Died within one month of notification	Within three months	Within six months	Within twelve months	Within two years	Within three years	Within five years	Over five years
T.B. - ve cases	..	1	—	—	—	—	—	—	—	1
T.B. + ve Stage I	..	—	—	—	—	—	—	—	—	—
T.B. + ve Stage II	..	19	—	—	—	—	—	1	7	11
T.B. + ve Stage III	..	1	1	—	—	—	—	—	—	—
Total	.. ..	21	1	—	—	—	—	1	7	12

In addition there were six deaths of patients who had not been notified as suffering from tuberculosis. This gives a total of 27 pulmonary deaths.

### Deaths from Pulmonary Tuberculosis in Children (0-14) during the past six years

	1951			1952			1953			1954			1955			1956		
	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14	-4	-9	-14
Ages																		
Males ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Females ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Total ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Total each year ..	—			1			—			—			—			1		

This one death that occurred in 1956 was a death adjustment.

**Deaths from Pulmonary Tuberculosis in Young Adults (15-24)  
during the past six years**

	1951		1952		1953		1954		1955		1956	
Ages	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24	15-19	20-24
Males ..	1	3	2	1	2	2	—	1	—	1	—	—
Females ..	1	3	2	7	1	1	2	—	—	1	—	—
Total ..	2	6	4	8	3	3	2	1	—	2	—	—
Total (each year)	8		12		6		3		2		—	

**Non-Pulmonary Tuberculosis Deaths (All Ages)**

Renal Tuberculosis	Spine	Abdominal
1	1	1

**Deaths from Tuberculous Meningitis in Children (0-14)  
during the past six years**

	1951	1952	1953	1954	1955	1956
Males .. ..	2	1	—	—	—	—
Females ..	—	—	1	1	—	—
Total .. ..	2	1	1	1	—	—

**Recovered Cases**

During the past year the names of 163 patients were removed from the register as having “recovered”. Of these, 146 were pulmonary and 17 non-pulmonary. Of the pulmonary cases, 53 had had tubercle bacilli in their sputum.



**VISITS**

Visits paid by the Health Visitors .. ..	7,647
Visits paid by the Home Nurses .. ..	11,481

**Chest Clinic as the “Centre of Diagnosis”**

Notes from general practitioners in Leicester requesting an opinion on 4,034 patients—3,078 were referred for the first time, the remainder were cases who had been before—were dealt with during the past twelve months.

**Clinical Examinations**

	Men	Women	Children	Total
First examinations ..	827	545	193	1,565
Re-examinations ..	3,003	2,319	377	5,699

**Contact Examinations**

	1951	1952	1953	1954	1955	1956
Number of contacts examined ..	2,406	2,454	2,076	2,602	2,588	2,988
Number found to have definite tuberculosis .. ..	32	38	27	20	26	30

**Radiological Examinations**

1951	1952	1953	1954	1955	1956
15,146	14,941	18,094	15,453	17,536	18,525

**Total Attendances**

Total attendances .. ..	21,749
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# ANALYSIS OF CASES ON CHEST CLINIC REGISTER

DIAGNOSIS	Pulmonary			Non-Pulmonary			Total			Grand Totals
	Men	Women	Children	Men	Women	Children	Men	Women	Children	
A. New Cases examined clinically and/or radiologically during the year:										
(a) Definitely T.B.	116	63	5	8	10	3	124	73	8	205
(b) Diagnosis not completed ..	—	—	—	—	—	—	174	127	29	330
(c) Non-Tuberculous	—	—	—	—	—	—	1,657	3,351	364	5,372
B. New contacts examined during the year:										
(a) Definitely T.B.	10	7	13	—	—	—	10	7	13	30
(b) Diagnosis not completed ..	—	—	—	—	—	—	11	6	11	28
(c) Non-Tuberculous	—	—	—	—	—	—	573	500	490	1,563
C. Contacts of Mantoux Positive Schoolchildren										
(a) Definitely T.B.	2	—	3	—	—	—	2	—	3	5
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	1	10	11
(c) Non-Tuberculous	—	—	—	—	—	—	83	95	214	392
D. Cases written off Chest Clinic Register ..										
(a) Recovered ..	61	65	20	8	7	2	69	72	22	163
(b) Non-Tuberculous	2	2	—	—	1	—	2,669	4,213	1,146	8,028
E. Number of cases on Clinic Register on 31st December, 1956:										
(a) Definitely T.B.	1,177	966	174	57	97	38	1,234	1,063	212	2,509
(b) Diagnosis not completed ..	—	—	—	—	—	—	239	189	61	489
1. Number of cases on Clinic Register on 1st January, 1956, including observation cases ..	2,996			2. Number of cases transferred in from other areas .. ..			86			
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme and cases "lost sight of" .. .. .	151			4. Cases written off during the year as dead (all causes) ..			40			
5. "Lost sight of" cases returned	3			6. Number of attendances at the Chest Clinic during the year			21,749			
7. Number of films taken during the year .. .. .	18,525			8. Number of persons receiving B.C.G. vaccine, at the Clinic, during the year .. .. .			831			
9. Number of visits by Health Visitors to homes for Clinic purposes .. .. .	7,647			10. Number of patients visited by Home Nurses during the year			227			
11. Number of patients who were on drug treatment outside the Hospital, as at 31st December, 1956 .. ..	610			12. Number X-rayed under the scheme for X-ray of pregnant women .. .. .			2,597			
13. Number of patients to whom free milk was granted by the Local Health Department ..	240			14. Number of patients to whom beds and/or bedding have been loaned by the Local Health Department .. .. .			62			

## LEICESTER AREA MASS RADIOGRAPHY UNIT

### REPORT FOR 1956

I am indebted to Dr. E. M. Quinn, Medical Director, for the following Report :

As in other years, the Unit has been six months carrying out X-ray surveys in the city. The groups covered included school children of 14 years of age and upwards, school staffs, nursery staffs, home helps, health visitors, factory and office workers, doctors' referrals, and the general public. Intending teachers leaving the City Training Colleges, and those entering the teaching profession, were X-rayed. This is a requirement of the Ministry of Education.

A further survey was carried out on a large housing estate. The Unit was sited at the Southfields Library, and all residents on the Saffron Lane and the Eyres Monsell Estate were given an opportunity of attending ; 1,083 people were X-rayed. Of these, 442 had an X-ray of the chest for the first time, i.e. 40%. One active case of pulmonary tuberculosis was discovered.

The Unit has also co-operated in the B.C.G. vaccination scheme for school children, X-raying the positive reactors to the tuberculin skin test. While the Unit was out of the city the strongly positive reactors were referred direct to the City Chest Clinic for X-ray and follow-up. I think, if possible, we should X-ray all the positive reactors, and so get a more accurate idea of the incidence of tuberculosis in this age group. We X-ray the positive reactors from the county regardless of where the Unit is based. Perhaps in the future similar transport arrangements could be made for the city children.

During the year a total of 26,683 persons was X-rayed in the city, and 28 cases of active pulmonary tuberculosis were discovered, giving a rate of 1.05 per 1,000.

It would appear that it is becoming increasingly difficult to find active cases of pulmonary tuberculosis. Every effort is still being made towards encouraging those who have never had an X-ray of the chest to come forward.

	Miniature X-rays		Large Films		Clinical Examinations		T.B. Active		T.B. Inactive		Bronchiectasis		Cardiac		Pneumoconiosis		Carcinoma		Observation	
Public Sessions	M. 3,333	F. 4,742	M. 207	F. 262	M. 48	F. 44	M. 6	F. 6	M. 5	F. 14	M. 2	F. -	M. 6	F. 9	M. -	F. -	M. 1	F. -	M. -	F. -
Doctors' Patients	267	201	80	53	28	18	6	1	2	1	2	-	2	5	-	-	3	2	-	-
Organised Groups	6,720	5,237	373	423	82	58	4	3	14	10	3	-	5	-	-	-	1	-	9	12
Schools	2,048	1,669	183	162	34	20	-	1	-	-	4	2	2	-	-	-	-	-	8	4
Colleges	516	743	54	68	10	11	-	-	-	1	-	-	-	1	-	-	-	-	1	2
National Service Recruits	1,207	-	-	-	-	-	1	-	1	-	4	-	1	-	-	-	-	-	3	-
TOTAL	14,091	12,592	897	973	202	151	17	11	22	26	15	2	16	15	-	-	5	2	26	18

Report on Maternity  
and Child Welfare  
for the year 1956

by

E. B. BERENICE HUMPHREYS, M.B., Ch.B. (Edin.)  
(Maternity and Child Welfare Medical Officer)

STATISTICS

Birth-rate

There were 2,275 male births and 2,092 female births, a total of 4,367, giving a birth-rate of 15.4 per 1,000 population.

Of the total births (4,367), 281 were illegitimate (150 males and 131 females), giving an *illegitimate birth-rate* of 0.99.

Stillbirths

There were 104 stillbirths registered during the year, 50 males and 54 females.

From detailed records compiled of the 107 stillbirths notified during the year, the following summary has been made :

Confined at		Condition of foetus		Duration of pregnancy in weeks													
Home	Hospital	Macerated	Not Macerated	28	29	30	32	33	34	35	36	37	38	39	40	41	42
*18	†86	45	62	*9	1	6	*13	2	4	1	*13	5	11	3	27	6	3

Confined at		Condition of foetus		Parity of Mother										
Home	Hospital	Macerated	Not Macerated	1	2	3	4	5	6	7	8	10	11	13
*18	†86	45	62	†45	12	10	9	*13	5	4	3	1	1	1

\*Includes one case of twins. †Includes two cases of twins



The causes of the stillbirths were :

Ante partum hæmorrhage	..	..	..	17
Abnormal presentation	..	..	..	6
Toxæmia of pregnancy	..	..	..	11
Prolapsed cord	..	..	..	4
True knot in cord	..	..	..	2
Maternal disease	..	..	..	4
Malformation of fœtus	..	..	..	20
Post maturity	..	..	..	3
Prematurity	..	..	..	7
Rh. negative with antibodies	..	..	..	8
Difficult delivery	..	..	..	7
Not known..	..	..	..	15

From an analysis of the stillbirths, the following observations are made :

- (1) Concerning the 18 domiciliary confinements, a Municipal Midwife was in sole charge of the pregnancy and confinement in only four of the cases, the doctor was called in in emergency for four cases, and in the remaining ten cases the doctor was booked for the confinement.
- (2) Concerning the 86 stillbirths reported from Hospital, 16 were admitted as emergencies and were not booked for hospital confinement.
- (3) The duration of pregnancy was 40 weeks in 27 of the stillbirths.
- (4) The pregnancy ended in a stillbirth in 45 women pregnant for the first time and there is a marked reduction in the incidence as the parity increases, except in the Para V group, which is the second largest single group.

Detailed records of all stillbirths have been kept for a number of years in the hope that some definite conclusions will be drawn concerning the persistence of the high rate of stillbirths, while the infant death-rate declines.

#### Infant Mortality Rate (Registrar General's Figures)

Number of deaths in infants under one year	..	86
Corrected number of births	.. ..	4,367
Infant death-rate	.. ..	19.7

From our local figures, the following summary of 88 infant deaths has been made :

Onset of Illness		Place of Death		Parity of Mother									
Home	Hospital	Home	Hospital	1	2	3	4	5	6	9	10	12	Not known
40	48	29	59	22	19	21	12	5	3	1	3	1	1

Onset of Illness		Place of Death		Duration of Illness														
Home	Hos- pital	Home	Hos- pital	Under 1 day	1 day - 1 wk.	1 - 2 weeks	2 - 4 weeks	1 - 2 mths.	2 - 3 mths.	3 - 4 mths.	4 - 5 mths.	5 - 6 mths.	6 - 7 mths.	7 - 8 mths.	8 - 9 mths.	9 - 10 mths.	10 - 11 mths.	11 - 12 mths.
40	48	29	59	36	22	1	3	3	5	3	5	2	2	2	1	3	1	1

From the above analyses the following observations are made :

- (1) The initial illness occurred more frequently in hospital, but half of the infants taken ill at home were transferred to Hospital.
- (2) The duration of the illness was under 24 hours in 36 of the deaths and under one week in 22, making 66 per cent of the total deaths.
- (3) The infant death was associated with the first pregnancy in 22 mothers.

From an analysis of the cause of death, according to our local records, and not for comparison with the Registrar-General's figures, the following observations are made :

- (1) Congenital malformations accounted for 22 of the deaths.
- (2) Prematurity accounted for 17 deaths. (Details of premature infants will be found on page 100 of the report).
- (3) Violence accounted for five deaths ; two accidental suffocation in a cot and three due to inhalation of vomit. The mothercraft of all these five deaths was classified as good.
- (4) Of the 88 deaths, 58 occurred before the end of the first week.

## Maternal Mortality

Number of deaths during the year	..	..	2	
From Puerperal Sepsis	..	..	1	
From other accidents and diseases of pregnancy and parturition	..	..	1	
Total	..	..	2	
			1956	1955
Rate per 1,000 live and stillbirths	..	..	0.45	0.23
Puerperal Sepsis Rate	..	..	0.22	—
Figures for England and Wales :				
Maternal Mortality Rate	..	..	0.56	0.64

The details of the deaths are as follows :

- (1) Death under general anaesthesia during Caesarian section. Death was classified as misadventure.
- (2) Death in a young mother of 18 years with sepsis following an abortion self-induced. This death was certified after an inquest.

TABLE 8. City of Leicester

# INFANT MORTALITY DURING THE YEAR 1956

Net Deaths from stated Causes at various Ages under 1 year of Age.  
(LOCAL FIGURES)

CAUSE OF DEATH	Under 1 Wk.	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Mths.	4 to 6 Mths.	7 to 9 Mths.	10 to 12 Mths.	Total Deaths under 1 Year
All Causes Certified .	58	2	1	1	62	11	9	5	1	88
Congenital Malformations.	11	2	1	1	15	4	2	1	—	22
Birth Injuries ..	10	—	—	—	10	—	—	—	—	10
Atelectasis ..	13	—	—	—	13	—	—	—	—	13
Premature Births ..	17	—	—	—	17	—	—	—	—	17
Diarrhœa, etc. ..	—	—	—	—	—	—	1	—	—	1
Convulsions ..	—	—	—	—	—	—	—	—	—	—
Asphyxia Neonatorum ..	2	—	—	—	2	—	—	—	—	2
Hæmolytic Disease of the Newborn ..	1	—	—	—	1	—	—	—	—	1
Pemphigus Neonatorum ..	—	—	—	—	—	—	—	—	—	—
Sclerema ..	1	—	—	—	1	—	—	—	—	1
Hæmorrhagic Disease of the Newborn ..	—	—	—	—	—	—	—	—	—	—
Tuberculous Meningitis ..	—	—	—	—	—	—	—	—	—	—
Abdominal Tuberculosis ..	—	—	—	—	—	—	—	—	—	—
Other Tuberculous Diseases	—	—	—	—	—	—	—	—	—	—
Meningitis ( <i>Not Tuberculous</i> )	—	—	—	—	—	1	—	—	—	1
Bronchitis ..	—	—	—	—	—	2	—	—	—	2
Pneumonia (all forms) ..	2	—	—	—	2	1	1	3	1	8
Syphilis ..	—	—	—	—	—	—	—	—	—	—
Intussusception & Intestinal Obstruction ..	—	—	—	—	—	—	—	—	—	—
Heart Disease ..	—	—	—	—	—	—	—	—	—	—
Whooping Cough ..	—	—	—	—	—	—	—	—	—	—
Measles ..	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever ..	—	—	—	—	—	—	—	—	—	—
Ant. Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	—	—	—	—	—	—	—	—	—	—
Other Infective Diseases ..	—	—	—	—	—	—	—	—	—	—
Malignant Neoplasms ..	—	—	—	—	—	—	—	—	—	—
Violent Causes ..	—	—	—	—	—	1	4	—	—	5
Other Causes ..	1	—	—	—	1	2	1	1	—	5

Registrar-General's figures :

Net Births in { legitimate, 4,086  
the Year { illegitimate, 281

Net Deaths in { legitimate infants, 84  
the Year of { illegitimate infants, 2

# NATIONAL HEALTH SERVICE ACT, SECTION 22

## CARE OF MOTHERS AND YOUNG CHILDREN

### Health Visiting

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old ..	4,412	(4,225)
„ „ revisits to children under one year old ..	20,891	(20,407)
„ „ visits to children one to five years old ..	33,814	(35,993)
„ „ first visits to ante-natal cases .. ..	1,229	(1,001)
„ „ other visits to ante-natal cases .. ..	625	(369)
„ „ visits to tuberculous patients .. ..	5,800	(6,823)
„ „ visits re Mantoux testing .. ..	247	(194)
„ „ visits concerning infant deaths and stillbirths	47	(61)
„ „ visits concerning after-care .. ..	246	(254)
„ „ visits to diabetes patients .. ..	1,853	(1,262)
„ „ visits concerning applications for convalescent home accommodation .. ..	117	(115)
„ „ other visits (no access) .. ..	10,224	(13,233)
„ „ other visits (not classified) .. ..	4,358	(3,832)
Totals .. ..	83,863	(87,769)

### Attendances of Health Visitors at Clinic and other Sessions :

Child Welfare Centres .. .. .	2,649
Ante-Natal Clinics .. .. .	631
Birth Control Clinics .. .. .	219
School Sessions (including Minor Ailments, Scabies Clinics, B.C.G. Sessions and Medical Inspections)	5,181
Diphtheria Immunisation and Vaccination Clinics ..	53
Chest Clinic .. .. .	358
Hospital Sessions .. .. .	403
Deaf Clinic .. .. .	673
Others .. .. .	479
Total .. .. .	10,646



Throughout the year it was possible to maintain the establishment figure of 36 health visitors employed by the Health Department (in addition to those of the staff of the School Health Service who undertake combined duties) ; in fact for short periods this figure was exceeded. While some of the staff remain only for their contract period of 18 months after qualifying, nevertheless they make a valuable contribution to the volume of work done.

The figures show a decrease of 3,906 in the grand total of visits paid but this is compared with the high figure of 87,769 in the previous year when the increase was 13,458.

Concerning the decrease :

- (1) There were over a thousand fewer visits to tuberculous patients, a reflection on the trend of the incidence of the disease and the fact that a social worker was added to the staff of the Chest Clinic.
- (2) There were over two thousand fewer visits to children between the ages of one and five years.
- (3) The number of "No access" visits, which has tended to rise each year and showed a rather alarming increase last year has been reduced by three thousand to 10,224. This is a welcome reversal of the trend but it is still a serious loss of time and purpose for health visitors to have paid over ten thousand such visits. The principle of selective visiting, which has been adopted for several years, calls for discernment which is acquired only as the health visitor becomes familiar by experience with the district allocated to her. An arrangement has been made which requires a health visitor to seek the guidance of the Superintendent Health Visitor when two successive "no access" visits have been paid. This may result in a reduction of the total of these visits and should also obviate any serious consequences if the services of the department are lost to certain families.

There has been an increase of 893 in the attendances of health visitors at clinics and other sessions and this is reflected in the decrease in the amount of home visiting.

### **Deafness in the Pre-School Child**

Details of the establishment and the scope of this pioneer clinic were included in the report for 1952.

The following is a summary of the work during the year under review :

Number of clinic sessions held (for ascertainment and for training) .. .. .	51
Number of new children referred (including 9 from other Local Authorities) .. .. .	27
Number of children attending .. .. .	45
Number of attendances made by the children .. .. .	184
Average attendances of children at each clinic .. .. .	3.6

#### Source of recommendation :

Medical Staff of Health Departments .. .. .	9
Ear, nose and throat surgeons (direct) .. .. .	3
Pædiatricians .. .. .	6
General Practitioner .. .. .	1
School Medical Service .. .. .	2
Failed Screening Tests .. .. .	6
<hr/>	
Total .. .. .	27
<hr/>	

#### Results of tests of hearing :

Number of children who attended for the first time ..	27
Number of children who, after adequate investigation, have been shown to have hearing over the whole range of speech frequencies .. .. .	14
Number of children who have hearing over part of the range of speech frequencies .. .. .	4
Number of children who possess merely an island of hearing .. .. .	5
Number of children who have not yet responded reliably to tests .. .. .	4

#### Results of Guidance and Training :

Children whose parents have had guidance about home training over a period of time, varying from one to nine months. (This is in addition to the guidance during tests of hearing) .. .. .	6
Children who have been recommended to a School for the Deaf after having home training .. .. .	4
Children who are lip reading .. .. .	4
Children who are watching for speech, but cannot as yet be said to be lip reading .. .. .	2
Children who are having auditory training with Hearing Aids in connection with lip reading .. .. .	6
Children who are already beginning to talk :	
(a) Those who have some naturally acquired speech ..	—
(b) Those who are deaf who, through lip reading, have begun to frame with their lips a few words in phrases .. .. .	3
Children over the age of five years, known to be deaf, who were referred for special investigation (for an audiogram and later a hearing aid) .. .. .	3

Summary of the ages of the 27 children who attended the clinic for the first time in 1956 :

5 months	..	..	..	..	..	1
9 months	..	..	..	..	..	1
1 year	..	..	..	..	..	5
2 years	..	..	..	..	..	1
3 years	..	..	..	..	..	10
4 years	..	..	..	..	..	4
5 years	..	..	..	..	..	1
6 years	..	..	..	..	..	1
7 years	..	..	..	..	..	1
8 years	..	..	..	..	..	1
12 years	..	..	..	..	..	1

The ages of the two children who were watching for speech was nine months and six years.

The ages of the four children who have begun to lip read range from two years to three-and-a-half years.

The ages of the six children who are having auditory training range from nine months to six years.

Screening Tests

The following are the details of the 1,434 routine tests carried out during the year, with the corresponding details for previous years and the total of tests :

No. of Children tested			Failed 1st Test	Failed 2nd Test	Failed 3rd Test
Previous years	1956	Total			
2,068	1,434	3,502	47	15	8

It will thus be seen that 3,455 passed the first time, leaving 47 to be re-tested ; and that 32 passed the second test, leaving 15 ; seven of these passed the third test, leaving eight children requiring further investigation.

The ages of the children tested were as follows :

Under 1 year	..	..	..	..	..	1,590
12—15 months	..	..	..	..	..	397
15—18 months	..	..	..	..	..	291
18 months—2 years		..	..	..	..	440
2—3 years	..	..	..	..	..	431
3—4 years	..	..	..	..	..	221
4—5 years	..	..	..	..	..	132
Total						<hr/> 3,502 <hr/>

Concerning the eight children who failed their third test, they were all referred to an Ear, Nose and Throat Surgeon for investigation as a routine before attending the clinic for further tests of hearing.

The results of this procedure were as follow :

Referred to Ear, Nose and Throat Surgeon and treated by him and subsequently found to have normal hearing	..	1
Referred to Paediatrician suffering from several defects (further tests of hearing not carried out)	.. ..	1
Referred back by Ear, Nose and Throat Surgeon for further tests of hearing	.. .. ..	6

The results of investigations at the Clinic for the Young Deaf Child of these six children were as follows :

After adequate investigation, have been shown to have normal hearing	.. .. ..	4
After adequate investigation found to have severe loss of hearing	.. .. ..	2

Of these two children, one was admitted within a few weeks of ascertainment to a Day School for the Deaf and the other, a child of seven months old when he first attended, is having auditory training with a hearing aid.

The small number of children found to have defective hearing in no way invalidates the amount of work done to discover these children. That 3,455 children, by reliable testing, were shown to have normal hearing is a satisfactory positive statement. Concerning the children who do not pass the tests, it is of inestimable value that ear defects



amenable to treatment are discovered at an early age and that children who have a hearing loss may receive training at the earliest possible moment and during the period of their development when they would normally be acquiring speech. The screening tests can be carried out quickly under quiet conditions without the infant even having to leave his home so that the results whether positive or negative fully justify the time spent on this work.

The year's work has followed the pattern laid down at the inception of the clinic though there have been inevitable changes of staff. Miss M. Ash, one of the two "founder" health visitors of the clinic went into honourable retirement in August.

There are now four specially-trained health visitors attached to the clinic and they undertake the follow-up work in the homes of the children until they are admitted to the appropriate school. Some 15 other health visitors are competent to carry out screening tests and their testing has contributed to the volume of work done, either in homes, in day nurseries, or at child welfare centres. As health visitors are required to have two years' experience after qualifying before being trained to undertake screening tests, there will always be a large percentage of staff who, being under contract and remaining only 18 months in the department, cannot undertake this work. It is, therefore, essential that the health visitors with this special skill should be given adequate time for screening testing so that all children should be so tested as soon as possible after they reach the age of seven months.

During the year, the County of Leicester decided to establish their own audiology clinic and it was with regret as well as with pride that we severed our connection with the two county health visitors who had been regular and welcome colleagues at the city clinic.

No report on this clinic would be complete without reference to the sustained interest of Professor and Mrs. Ewing of Manchester on whose teaching and research the clinic was founded.

Mrs. Ewing continues to visit the clinic and also gives lecture/demonstrations to other members of the department of child welfare. We are thus fortunate to have her expert criticism and guidance and teaching which are all very necessary and invaluable to those of us engaged in this work.

### **Mobile Clinic**

This clinic, now in use for two years, continues to provide convenient and hygienic conditions of work for the doctor and health visitors in



outlying areas of the city where such facilities would otherwise not be available. The clinic is now used for nine sessions a week, leaving only the minimum of time for the vehicle to be serviced. The staff of the Ambulance Department and particularly the Chief Ambulance Officer, Mr. J. E. Oswell, continue to care for and deliver the Mobile Clinic—often in very adverse circumstances—and the department is fortunate to have their skill and kindly help available at all times.

### Ante-natal Clinics

The number of ante-natal attendances during the year 1956 was as follows :

Clinic	No. of Sessions	ATTENDANCES			
		First Visits	Re-Visits	Total	Avg. per Session
Cort Crescent.. ..	48	113	514	627	13
Crescent Street a.m.	46	172	468	640	14
p.m.*	33	51	205	256	8
Causeway Lane .. ..	51	119	464	583	11
Belgrave Hall .. ..	50	178	725	903	18
Newby Street .. ..	52	212	974	1,186	23
Braunstone Avenue ..	49	85	320	405	8
Aikman Avenue† ..	48	117	506	623	13
Southfields Drive a.m.*	51	124	515	639	12
p.m.	14	27	88	115	8
Stocking Farm† ..	49	150	708	858	17
Humberstone Village† ..	51	43	262	305	6
Goodwood Road† ..	51	52	237	289	6
Totals .. ..	593	1,443	5,986	7,429	12

\*Southfields Drive p.m., closed after 13th April, 1956

Crescent Street p.m., opened 17th April, 1956

†Mobile Clinic

The volume of work has remained stationary though its distribution is still somewhat uneven and certain long-established clinics continue to attract the largest number of patients. The work at newly-established clinics on the outlying estates is tending to increase though it naturally takes time for this to happen.

It is the approved policy of the department that more health education and mothercraft teaching should be done at the clinics and various

plans are under consideration to utilise the clinic doctor, the midwife and the health visitor in this work.

### Post-natal Clinic

There is one central clinic—with a weekly session—for those patients attended by a midwife only.

The response during the second year was not great but justified the establishment of the clinic.

Number of sessions	..	..	..	41
First visits of patients	..	..	..	99
Revisits of patients	..	..	..	33

Patients come by appointment and the midwife present at the confinement is encouraged to attend if possible.

### Premature Infants

#### Circular 20/44 of the Ministry of Health, dated 22nd March, 1944

In the Table, there are 20 infants who were born at home and transferred to hospital and of these 18 survived up to the 28th day after birth.

Of the 66 premature infants born at home, and remaining at home, 62 survived to the 28th day. Of the remaining four, three died within 24 hours of birth and the remaining one died between one and 28 days.

This survival rate of premature infants born at home is a tribute to the care and skill given to them by the midwives.

The special equipment, collectively known as the "Sorrento" outfit, is not being used as often as was anticipated. For the 66 infants cared for at home, "Sorrento" cots were used for only 38 of these babies. Midwives still find it difficult to accept responsibility for the safety and the care of the equipment in some homes, though these are the homes where the cot is most needed.

Concerning the nine premature infants who remained in a nursing home, all survived to their 28th day.

Concerning the 188 premature infants born in hospital, 164 survived to the 28th day. Of the 24 who did not survive, 22 died within 24 hours of birth.

# PREMATURITY

Number of premature live births notified (as adjusted by transferred notifications):  
 (a) In Hospital .. 188. (c) In Private Nursing Homes .. 11. Total .. 285  
 Number of premature still-births notified (as adjusted by transferred notifications):  
 (a) In Hospital .. 49. (c) In Private Nursing Homes .. 2. Total .. 60

WEIGHT AT BIRTH	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS		
	Born in Hospital			Born at home and nursed entirely there			Born at home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day		
	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total	Died within 24 hrs. of birth	Sur- vived 28 days	Total
	Total			Total			Total			Total			Born in Hos- pital	Born at Home	Born in Nurs- ing Home
(a) 3 lb. 4 oz. or less (1,500 gm. or less)	12	7	20	1	1	2	-	-	5	-	-	-	27	4	-
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500—2,000 gm.)	5	34	39	1	4	5	-	8	9	-	-	-	12	2	1
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000—2,250 gm.)	3	51	54	-	5	5	-	2	2	-	2	1	5	1	-
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250—2,500 gm.)	2	72	75	1	52	54	-	4	4	-	7	1	5	2	1
TOTALS ..	22	164	188	3	62	66	-	18	20	9	9	2	49	9	2

## Ophthalmia Neonatorum

For the first time on record, there were no cases notified during the year.

## Birth Control Clinic

There are two weekly sessions devoted to this work, one at a central clinic and one on an outlying estate.

The following figures refer to the work done at both clinics during the year 1956 :

	<i>City</i>	<i>County</i>	<i>Total</i>
Number of patients who sought advice ..	196	48	244
Number of patients who were accepted for advice .. .. .	191	48	239
Number of patients who were refused advice	5	—	5

Concerning the 239 women accepted for advice, the following are the medical reasons for which the advice was given :

<b>Husband :</b>	<i>City</i>	<i>County</i>	<i>Total</i>
Active Tuberculosis .. ..	—	1	1
Other diseases .. .. .	4	1	5
<b>Children :</b>			
Congenital defect .. .. .	4	1	5
<b>Patient :</b>			
Nervous debility .. .. .	18	4	22
General debility .. .. .	81	16	97
Pulmonary Tuberculosis .. ..	15	4	19
Heart disease .. .. .	3	1	4
Kidney trouble .. .. .	—	—	—
Toxæmia of pregnancy .. ..	6	2	8
Obstetric complications .. ..	9	2	11
Gynæcological conditions .. ..	4	2	6
Various other conditions .. ..	47	14	61

## Cases in which advice was refused

Advice was refused to five women, all city patients. In two of them there were no medical grounds for the advice to be given, one woman was found to be pregnant and two other women declined to accept the advice.



## Schools for Mothers and Child Welfare Centres

(Corresponding figures for the previous year in brackets)

Number of Child Welfare Centres	26	(26)
Number of Medical Weekly Sessions	26	(27)
Number of Sessions held ..	1,313	(1,355)
Total attendances of Mothers	54,005	(48,218)

### Total attendances of Children:

Under one year old ..	45,893	} 64,620	} (41,747)	} (58,800)
Over one year old ..	18,727			

### First visits of Children :

Under one year old ..	3,662	} 4,217	} (3,431)	} (4,152)
Over one year old ..	555			
Number of sessions at which a doctor was present ..	1,299			(1,311)
Number of children seen by a doctor .. .. .	21,797			(19,095)

During the year one of two weekly sessions held on a housing estate was closed as the attendances did not justify retaining it.

The average number of children seen by a doctor at each session was 16.8.

The redistribution of the centres with the coming into use of the Mobile Clinic has been a convenience to many mothers, especially with very young children. This is shown in the increase in the number of infants attending for the first time. In general the number of children over one year attending the centres does not show any increase, though the children who do attend are brought more frequently than in previous years. It is true that part of this increase is associated with immunisation, particularly since the whooping cough vaccine has been available. The setting up of certain toddler clinics is under consideration though it must be remembered that full employment in a city where female labour forms such a high percentage of the workers, particularly in the staple industries, has a very great bearing on the attendance at clinics of mothers with older children.

A certain amount of collective teaching is undertaken by the health visitors, with appropriate help from the Health Education Assistant, Mr. E. W. Harris, and it is intended that group discussions should become a definite feature of the work at the centres.

It is appropriate here to mention the volume of work and goodwill which the presence of a large number of voluntary workers brings to the Centres. Several of them have been associated with the work for



over a quarter of a century while others have come in during the last two years in association with the Women's Voluntary Service when that organisation assumed the main responsibility for the distribution of Welfare Foods, formerly undertaken by the staff of the "Food Office".

**Welfare Foods**

The distribution of welfare foods has continued during the year under review. The centres for distribution are the Crescent Street Clinic premises, 140 Wellington Street and the Women's Voluntary Service offices at Jubilee Buildings, Charles Street. In addition, welfare foods are distributed at all the child welfare centres in the city. The first three centres mentioned above are open every morning and afternoon in the week except Saturday, but the child welfare centres are only open for the distribution of welfare foods at the session when the Child Welfare Clinic is held.

Although full-time staff of the Health Department is employed at the Crescent Street and Wellington Street distribution centres, all the rest of the work is carried out by members of the Women's Voluntary Service and other voluntary workers.

During the year the following types of welfare foods were distributed from the various centres :

Main Distribution				
		Centres	Clinics	Total
Orange Juice (bottles)	..	84,652	114,721	199,373 bottles
National Dried Milk (tins)	..	60,662	64,059	124,721 tins
Cod Liver Oil (bottles)	..	12,742	19,551	32,293 bottles
Vitamin Tablets (packets)	..	8,289	7,794	16,083 packets
				<hr/> 372,470 items <hr/>

It is gratifying that civic recognition has been given to the contribution made by all these voluntary workers in the form of a coffee party in the Town Hall when the Lord Mayor and the Health Committee Chairman expressed their appreciation.

**Promotion of Cleanliness and Good Habits and the Elimination of Verminous Conditions.** (Circular 2,831 of the Ministry of Health, dated July, 1943)

**Ascertainment**

The method and classification, as previously described, remain unchanged.

The number of children under five years of age known to the Department to be persistently verminous during the year under review was 10,

and, as previously, they belonged to families where the mother was not unduly concerned about the presence of head lice.

It is fair to say that this number is an underestimate of the incidence of verminous conditions which are often only made known when an emergency requires intensive and prolonged help to be provided for such a family.

### Method of Cleansing

The cleansing of the young children is usually undertaken at home, often by members of the Home Help Service and the premises dealt with by the staff of the Public Health Inspection Department.

### Treatment at Minor Ailments Clinics

The arrangements, as previously described, continue for the treatment of minor ailments at clinics which, for administrative purposes have passed to the Regional Hospital Board.

### Artificial Sunlight

The number of children referred to the clinic was 112, as against 110 for the previous year.

The number of children who completed treatment was as follows :

				<i>Good Results</i>		<i>Fair or Unchanged</i>		<i>Total</i>
				<i>Boys</i>	<i>Girls</i>	<i>Boys</i>	<i>Girls</i>	
<b>Infants :</b>								
Rickets	..	..	6	—	—	—	—	6
Debility	..	..	10	6	1	2		19
Anorexia	..	..	6	6	3	—		15
Respiratory catarrh	..	..	13	18	—	2		33
Various	..	..	1	1	—	—		2
			—	—	—	—		—
Totals	..	..	36	31	4	4		75
			—	—	—	—		—

### Other Clinics

There were 50 children under five years of age admitted to the Ear, Nose and Throat Clinic, 87 to the Eye Clinic, 256 to the Skin and Minor Ailments Clinic, 136 to the Orthopædic Clinic and none to the Rheumatism Clinic.

### Day Nurseries

The establishment has remained unchanged during the year.

The details of the provision and attendances at each nursery are given below :

<i>Day Nursery</i>		<i>Places</i>	<i>Attendances</i>	<i>Daily Average</i>
St. Martin's ..	..	60	13,412	54.96
Glen Street ..	..	60	12,308	50.44
Fosse Road ..	..	35	8,136	33.34
Fairway ..	..	40	7,939	32.53
New Walk ..	..	35	8,132	33.32
College Street ..	..	45	11,770	48.23
Belgrave House ..	..	60	11,255	46.32
Bedford Street ..	..	50	12,763	52.32
Sparkenhoe Street	..	50	13,084	53.62
Frank Street ..	..	50	12,134	49.72
Number of children on the register			..	.. 550
Number of approved places			..	.. 485
Average attendance in 1956			..	.. 454.64

The attendances in some nurseries were affected by sonne dysentery and other infectious diseases during which time no new children were admitted though the nurseries remained open.

A charge of 5/- per day per child is made, together with assessment according to ability to pay. This ensures that the need is established before a vacancy is granted. The necessary investigations inevitably take time but every effort is made to ensure that the waiting time between application and admission is as short as possible.

### **Nurseries and Child Minders Regulation Act, 1948**

Of the industrial nurseries registered in 1948, two continued to function and are under the supervision of the Supervisory Matron of Day Nurseries.

During the year there were five persons who applied for registration as daily minders and they are supervised by the Superintendent Health Visitor, together with the appropriate district Health Visitor. One applicant was refused registration.

The number of daily minders registered is very small in a city where there is full employment of women.

### **The Care of Illegitimate Children**

#### **Circular 2866 of the Ministry of Health, dated October, 1943**

In accordance with the provisions of the above Circular, a scheme

has been in operation since 1st April, 1944, in collaboration with the Diocesan Moral Welfare Association.

Full details were given in the 1944 report.

Analysis of the work done during 1956 is as follows :

Number of cases notified by the City Health Department ..	277
Number referred from other sources .. .. .	33
	<hr/>
	310
	<hr/>

Practical ways in which mothers and children have been helped :

By admission to voluntary Homes and Hostels*	..	36
By provision of clothing, cots, prams, etc.	.. ..	18
By finding foster homes or nursery vacancies	.. ..	9
By finding work	.. .. .	3
By assisting in applications for affiliations	.. ..	12
Orders made	.. .. .	6
By arranging private agreements and help from putative fathers..	.. .. .	7
By obtaining financial help from voluntary societies	..	2
By advice and guidance on questions of adoption, affiliation, confinement arrangements, etc.	.. ..	76

\*The fees paid to the Homes and Hostels were made up as follow :

Paid for by the City Health Department and mother's insurance .. .. .	7
Paid for by the City Health Department, parents and mother's insurance .. .. .	7
Paid for by City Health Department, mother's insurance and mother's savings .. .. .	8
Paid for by parents and mother's insurance .. ..	5
Paid for by mother's savings and insurance .. ..	5
Paid for by putative father and mother's insurance ..	4
	<hr/>
	36
	<hr/>

Position of children at the end of the year :

Actually in mother's care :

Living with mother in her parents' home	..	34
Living with mother in relatives' home	.. ..	2
Living with mother in home of her own	.. ..	5
Living with mother in lodgings	.. ..	10
Living with mother married to putative father	..	1
Living with mother married to another man	..	2
Living with parents who are co-habiting	.. ..	5
Living with mother in Mother and Baby Home	..	4
		— 63

Mother responsible for and has access to child :

Living with foster parents	.. ..	5
Living in Voluntary Children's Nursery	.. ..	1
		— 6

Adopted or placed for adoption :

Arranged by Adoption Societies	.. ..	23
Arranged by Local Authorities	.. ..	2
Private placing by mother	.. ..	1
		— 26

Children referred to Local Authority	.. ..	12
Child with grandparents, who will adopt	.. ..	1
Mother and child moved to other areas	.. ..	2
Children died	.. ..	2
Present whereabouts not known to Moral Welfare Association	.. ..	3
Health Visitor reports "No help required at present"		161
(Of these, 91 were cases of co-habitation and in 12 cases the putative father was giving financial help.)		
Two of the children had died.		
Children born in City from County address	..	28
(Six of these were known to the County Worker)		
Mother and child moved to other areas	.. ..	6
		— 310



## Adoption of Children (Regulation) Act, 1939

The Leicester Diocesan Moral Welfare Association continues as the Registered Adoption Society for the City and County.

Details of the work of the Society during 1956 are as follow :

Total number of applications from persons wishing to adopt a child .. .. .	212
Number of above considered by Case Committee ..	56
Number of children offered to the Society with a view to adoption .. .. .	65
Number of children taken into Hostels under the direct control of the Society pending adoption .. ..	Nil
Number of children placed by the Society pending adoption in foster homes or hostels not under the direct control of the Society .. .. .	13
Number of children placed with a view to adoption ..	57
Number of orders made in respect of children placed by the Society .. .. .	45
Number of children withdrawn from adopters during probationary period .. .. .	2
Number of children placed by the Society for adoption and awaiting Orders at the end of the year .. ..	27
Number of children in hostels under the control of the Society at the end of the year .. .. .	Nil
Number of children at the end of the year in foster homes or in hostels in which they have been placed by the Society but which are not under the Society's direct control .. .. .	1

## NATIONAL HEALTH SERVICE ACT, SECTION 23 MIDWIFERY

### Midwives

During the year 1956, 130 midwives notified their intention to practise. Of these, 29 were municipal midwives, eight were midwives in independent practice in registered nursing homes and one in independent domiciliary practice, the remaining 92 were practising in maternity hospitals and maternity homes.

### THE MUNICIPAL MIDWIFERY SERVICE SUMMARY OF WORK DONE BY MUNICIPAL MIDWIVES

Area	Cases Attended	Gas and Air Administered	Pethidine administered	VISITS		
				Post-natal	Ante-natal	Total
1	360	324	143	6,658	2,235	8,893
2	264	242	91	5,631	1,929	7,560
3	239	213	95	4,988	2,559	7,547
4	178	139	70	3,574	1,296	4,870
5	203	176	122	4,513	1,218	5,731
6	311	273	154	6,189	1,723	7,912
7	173	151	103	3,726	1,186	4,912
Relief	40	39	31	939	227	1,166
Totals	1,768	1,557	809	36,218	12,373	48,591

The establishment figure of 28 has been maintained with short periods of variation during the year and it was not possible to secure the services of any part-time midwives during times of emergency when there was pressure of work and some midwives were not available owing to annual leave, sick leave, maternity leave or post-certificate study leave.

The number of patients attended by domiciliary municipal midwives was 1,768, an increase of 109 over the previous year. This makes a case load of 63.1, but the work was not always evenly distributed despite careful equalising of bookings.

A varying number of pupil midwives receive their district training with 22 of the municipal midwives approved for this work.

Pethidine was administered to approximately 46% of the patients, while 88% of the mothers received gas and air analgesia.

### Midwives and General Practitioner/Obstetricians

The following figures indicate the distribution of the work between midwives and doctors concerning the 1,755 deliveries attended by midwives in the area during the year.

Deliveries attended by a midwife :

(a) (i) When a doctor was not booked but was present at time of delivery .. .. .	16
(ii) When a doctor was not booked and was not present at time of delivery .. .. .	355
(b) (i) When a doctor was booked and was present at time of delivery .. .. .	329
(ii) When a doctor was booked and was not present at time of delivery .. .. .	1,055
Total .. .. .	1,755

### Patients confined in Hospitals

The scheme of notification to the Health Department of patients discharged from hospital has continued in operation during the year.

It has not been found possible for hospitals to notify the Department 48, or even 24 hours before discharge so that the notification is a verbal one with a written discharge note following by post.

All discharges before the tenth day are handed over automatically to midwives and also other discharges if the services of health visitors are not available.

It seemed during the year itself that the amount of unforeseeable visiting to be undertaken by midwives, especially at week-ends or bank holidays, was heavier than ever and this proved to be so as the number of patients delivered in institutions and attended by domiciliary midwives on discharge and before the fourteenth day was 1,021 and the volume of this work is reflected in the increase in the post-natal visits paid, 2,468 in a total of 36,218 such visits.

Midwives have, therefore, accepted the suggestion that their annual leave periods should not be round bank holiday times.

The memorandum on ante-natal care related to toxæmia, of the Standing Maternity and Midwifery Advisory Committee of the Central

Health Services Council was fully discussed with municipal midwives and the medical staff of the department soon after it was issued in May, 1956. All the midwives were trained in the use of sphygmomanometers and were issued with them (and stethoscopes). In general, the recommendations of the Memorandum were being carried out by the department. They are being constantly kept in mind.

Later in the year, the Memorandum was the subject of two lengthy meetings of a co-ordinating Committee (city and county) comprising representatives of the Medical Staff, Local Health Authorities, Local Hospital Authorities, Local Medical Committee and Local Executive Councils.

The recommendations of the Memorandum were agreed to in principle, but it is a matter for concern that the agreed policy for determining priority for a hospital bed has not yet been put into operation. Too many mothers having their fourth or more confinement are not being admitted to hospital. Midwives have been advised that they should not accept the sole responsibility for such patients but should ensure that a doctor is booked for the case. Similarly, too many patients with a social need are being confined at home in most undesirable conditions, and many mothers admitted to hospital are discharged home long before the tenth day of the puerperium. All this has been a great strain and anxiety to patients and to midwives.

### **Flying Squad**

Midwives are allowed to act on their own initiative in emergency and the facilities were used four times during the year, each time by a midwife alone.



## NATIONAL HEALTH SERVICE ACT, SECTION 24

### Health Visiting and the School Health Service

The co-ordination of these two services, agreed in 1947, continues as each new appointment to the service of a health visitor is made, but it is inevitable, while there are members of the School Health Service who are not trained as health visitors, that combined duties cannot be undertaken by this section of the School Health Service staff.

### Preventive Mental Health

In an endeavour to increase the preventive health work in the Maternity and Child Welfare Service, two lecture courses were arranged during the year.

A Psychiatrist gave a lecture course of some 15 lectures on child psychiatry attended by all the medical members of the staff. A psychologist gave a course of elementary psychology to health visitors, day nursery matrons and some midwives and later a course of a more advanced nature to the same group. Arrangements are in hand for an additional group of health visitors to have the benefit of such a course of lectures. Similarly, more intensive training in preventive mental health has been included in the Health Visitor's Certificate course.

This in-service training is but a small beginning but it has already stimulated an interest and created an awareness of the need for such training amongst the staff. In considering the next step for those who have attended the lecture courses, the limitations imposed by the lack of available staff specially trained in mental work became apparent. The existing Child Guidance Clinic in the School Health Service is unable to undertake additional work with the pre-school child, yet it is only logical that any need should be met as soon as it has been shown to exist. Given the whole-time services of a child psychiatrist, a child psychologist and a psychiatric social worker for the Maternity and Child Welfare Department, truly preventive mental health work could be attempted. Until that is available, we must accept the limited sessional help from the psychiatrist attached to the School Child Guidance Clinic. The medical and health visiting staff will present to him their problems for discussion and guidance. From this beginning it may be that the demand will so increase that the need to meet it by a Child Guidance Clinic for the pre-school child will receive serious consideration.

In the meantime, certain members of the staff are acquiring insight and experience in recognising factors which may give rise to emotional disturbances and of dealing with them in the very early stages.



## **Training School for Health Visitors**

From July, 1948, to December, 1956, 204 persons have successfully passed their examination. Of these, 77 were bursary students and have joined the staff for a minimum period of 18 months. Some of them have remained for a longer period and others intend to remain on the permanent staff. Without the Training School we should not reach and hold our establishment figure (Health Department only) of 36 health visitors.

## NATIONAL HEALTH SERVICE ACT, SECTION 26

### VACCINATION AND IMMUNISATION

#### Diphtheria Immunisation

Facilities for immunisation against Diphtheria are available at all Child Welfare Centres at their weekly sessions and at Day Nurseries. There is also a central clinic at the Milk Depot, 13 Crescent Street, which is open each Saturday morning.

The following Tables show the number of children immunised during the year :

Number of children immunised against Diphtheria

Under 1 year	1 year	2 years	3 years	4 years	Over 5 years	Total
9	85	44	29	108	459	734

Number of Children re-immunised against Diphtheria

Under 5 years	Over 5 years	Total
632	1,460	2,092

Number of Children immunised against Diphtheria and Whooping Cough (combined)

Under 1 year	1 year	2 years	3 years	4 years	Over 5 years	Total
658	1,860	230	79	37	43	2,907

Number of Children re-immunised against Diphtheria and Whooping Cough (combined)

Under 5 years	Over 5 years	Total
36	63	99

#### Vaccination

Under the National Health Service Act, facilities for vaccination are provided at the clinic premises at 13 Crescent Street each Saturday morning (when another clinic is also held). The requests for vaccination are very few, namely 56 children and 21 adults vaccinated and 15 adults and 2 children revaccinated.

## NATIONAL HEALTH SERVICE ACT, SECTION 28

The Health Visitor is taking on additional duties in the Department. She carries out the work of Tuberculosis Care and After-Care in her own district, and keeps in touch with the Tuberculosis Officer at the Chest Clinic.

In the absence of written information concerning discharges of patients from hospital, there is no routine method of follow-up and visits are paid only when a special request is made by the hospital staff. The exception to this arrangement is the after-care of children returning from hospital ; one health visitor is detailed to attend the hospital clinics with the Pædiatrician and by these personal visits and by telephone she supplies information required by the hospital and informs the health visiting staff of the wishes of the Pædiatrician.

The methods of follow-up of maternity patients is detailed under Section 23.

## NATIONAL HEALTH SERVICE ACT, SECTION 29

### DOMESTIC HELP

(Mrs. P. E. STEED, Organiser)

#### Home Help Service

##### Organisation of the Service, 1956

During the year under review new developments in the organisation of the service were influenced by the need for economy. This influence was seen not only in methods of organising the field work of the service but in the redistribution of clerical work and streamlining of administrative procedure.

Once again the number of home helps employed was conditioned, not by the estimated or even the known demand for the service nor by the flow of suitable recruits, but by the limitation of expenditure on the pay roll of the service. It is for this reason, in an attempt to keep the average weekly number of home helps on the pay roll to 232, that the number of home helps employed at the end of 1956 was 225, as compared with 236 at the end of 1955. This limitation of supply, coupled with an unexpectedly heavy increase in demand, at times nearly brought us to the point of breaking with our tradition of sending help immediately to cover urgent need and setting up a waiting list of clients. It is a tribute to the skills of the assistant organisers responsible for the emergency groups, to the resilient support of their colleagues taking over the long-term work and to the loyal co-operation of the home helps in all these groups that this point was never reached ; nor was it ever necessary to withdraw completely the more sustained social help given to certain families and old people. The total number of homes helped, 4,697 as compared with 3,456 in 1955, will suggest the size of the problem of balancing diminished supply with increasing demand. There were in addition the problems of explaining the situation in times of stress to some of our elderly clients needing desirable but not essential help with cleaning.

During the year we were able to reduce our clerical staff by two. This was accomplished, with the help of the Director of Organisation and Methods, by the breaking down and redistribution of clerical work, some of which was undertaken by the home helps, some by a mechanical calculator ; and the introduction of new, time-saving equipment to streamline the administrative procedure.

##### Training of Home Helps

Preparation Courses were held during the year under the supervision of the Deputy Organiser in collaboration with the Education Depart-

ment. We reported last year that the period of preparation before enrolment in the service had been extended from two weeks to six weeks so that experiments could be made with new techniques relating theory more closely to practice by group discussion after practical work in selected homes. The results have fully justified the experiment. Students are passing out into the service with a much better knowledge of themselves, their motives in taking up this work and the use they are able to make of experience of life already acquired. This applies not only to the practical work they are required to do but to the problems of human relationships which will eventually come their way as they go from home to home.

During the latter part of the year, a series of talks was arranged for the home helps who work and care for the aged and chronic sick. These talks were aimed to serve partly as a refresher course, on such subjects as cookery and budgeting, and partly as a stimulus to the home help in understanding and alleviating her patient's problems and needs by obtaining a broader and more up-to-date knowledge of what statutory and voluntary provisions are made for the old people. A closer co-operation between home helps and other social agencies in the field will no doubt be helped by these talks.

On one occasion, in the absence of a speaker, a spontaneous experiment in psychodrama was made by this group of home helps, guided by a member of the organising staff. This proved to be very helpful in bringing to light some of the difficulties which home helps felt with regard to particularly unco-operative patients. By acting out the problems and later discussing them with the group, they were able to see and feel more clearly why the relationship with the patient was not satisfactory. After this realisation the friction between patient and home help was very much diminished.

In addition, refresher courses and evening study circles were arranged periodically and the group of home helps looking after problem families attended an evening psychology course.

We record our thanks to Miss Wilson, Miss Ash and Mrs. Watt of the Education Department, the Matron of Hillcrest Hospital, and Miss Bevington of the City Welfare Department, Messrs. Collyer and Branston of the National Assistance Board, Mrs. Wait, Psychiatric Social Worker at the Towers Hospital, Mrs. Tyler of the Women's Voluntary Services, Mrs. Withycombe of the Guild of the Crippled, Miss Wadd of the Wycliffe Institution for the Blind, and Mr. and Mrs. Elvidge of the Moel Llys Hostel for maladjusted children; also to Mrs. Lewis, Miss Ratcliffe and Mr. Harris of the Health Department for their help with lectures, demonstrations and observation visits.



## Other Activities

Seventeen Norwegian home helps visited Leicester for a week in July as guests of members of the Home Help Service. They were given a civic luncheon by the Lord Mayor. During the week they were able to see something of the work of the home helps in this city and of the industrial life of Leicester. Some Leicester home helps are making a return visit in 1957.

Other overseas visitors to the service included the Secretary of State for Family Affairs in the Norwegian Ministry of Social Affairs, social workers from Holland and Belgium and a home help organiser from Stockholm.

The Greensleeves Club of the Home Help Service was active in arranging entertainment for these visitors and also in organising the usual parties for old people and for children in our care.

## The Work of the Service during 1956

The following statistics give an indication of the relative demand for the service in the different categories of emergency in the home covered by Section 29 of the National Health Service Act :

<i>Emergency</i>	<i>No. of Homes covered</i>
(i) Maternity .. .. .	548
(ii) Child Welfare .. .. .	435
(iii) Tuberculosis .. .. .	149
(iv) Long-term sickness (including aged and infirm) ..	3,165
(v) Short-term sickness .. .. .	400
Total .. .. .	4,697

The duration of help received varied from one day in a few emergencies in groups (ii) and (v) to twelve months in groups (iii) and (iv).

A clearer picture of the scope of the service is given by the following statistics of homes and persons helped during a sample week :

### Week ending 21st December, 1956

(a) Homes helped :

<i>Emergency</i>	<i>No. of Homes covered</i>
(i) Maternity .. .. .	47
(ii) Child Welfare .. .. .	57
(iii) Tuberculosis .. .. .	41
(iv) Others .. .. .	1,291
Total .. .. .	1,436

(b) Persons helped :

<i>Group</i>	<i>No. of Persons</i>
(i) Mothers .. ..	47
(ii) Children .. ..	404
(iii) Tuberculous People .. ..	45
(iv) Old People .. ..	1,304
(v) Sick People .. ..	168
(vi) Other members of the family ..	218
Total of Persons helped ..	2,186

It was reported in 1955 that the home helps had been reorganised into groups so that each home help could work in the field for which she showed special interest and aptitude and also so that those of our clients who needed long-term help with a continuing close relationship with the helper should not be disturbed by fluctuations in demand for emergency help. It is now possible to consider the work of the service in terms of the fields covered by the different groups.

### Emergency Groups

Each of the two offices of the Home Help Service has a group of home helps available to cover emergency calls as they come in day by day through general practitioners, hospital almoners, social agencies of all kinds, health visitors, midwives, home nurses and relatives or friends. On one occasion a gas meter inspector telephoned to ask for help for an old woman he had discovered lying ill and alone in her home. On another, an errand boy heard a call for help from an upstairs window and selected our office as the most appropriate ; as indeed it turned out to be, for we found a man dying in very distressing circumstances.

Each office covers between thirty and forty new calls each week. The emergency groups are composed mainly of younger home helps, many of them with bicycles. Besides giving immediate practical help they play a very useful part in the investigation and assessment of need, producing clear written reports for the assistant organisers to follow up and recruiting neighbour or relative help if it is available. They help the assistant organisers to reach a decision as soon as possible as to whether the case concerned is likely to terminate soon and can therefore be left in the care of the emergency group or whether it should be passed for more permanent coverage by the groups giving long-term help, or for social help from the "problem family" group. The emergency groups are also available for calls for help outside the usual hours of duty.

## **Long-term Groups**

Each office has another group attached giving long-term help mainly to people suffering from some form of chronic illness and especially to old people. Home helps covering need of this type usually have between sixteen and twenty homes in their care, some needing essential daily help, others for whom help is desirable at some time during the week.

The type of cases which were helped ranged from old couples who are bedridden owing to old age and senility to others who have become helpless through illness such as a stroke or an amputation. The home helps encourage the latter patients to get back their independence by practical means, showing them how much they can still do themselves despite their physical handicaps.

A number of the older folk show signs of senility and are at first very hostile to the home help. With patient understanding and persistence the old person soon gains confidence in her home help and a certain amount of rehabilitation can be achieved, even in a home which might otherwise have been closed and its occupants taken to an institution. The following case came to us during last year :

A message from the Public Health Inspector was received that an old lady living in one of the houses due for demolition under slum clearance, was in a terrible state of dirt and malnutrition. The neighbours had complained to the police, who also contacted our office. A home help was sent and she found that the old lady had taken to her bed owing to an arthritic complaint and she had no one who would do very much for her as she had become very ill-tempered and abusive to everyone in the neighbourhood. Her fireplace was belching smoke as the chimney was blocked by a piece of brick. The home help started to clean up, the house agent was contacted by the organiser to have the chimney cleared and the old lady was given good meals by the home help. Despite her still aggressive attitude, she began to look forward to seeing the home help every day who, with joking and tactful handling, broke down her resistance to being helped by a "stranger". She was afraid that she would be "taken away" and part of her hostility was due to that fear. When she realised that the opposite effect was actually desired, she became friendlier.

After six months of care, she was rehoused in a bungalow and the same home help is still caring for her in her new home. Her health has improved and her relations come to visit her quite frequently.

## **Infectious Diseases Group**

During this first full year of the group's work, we have been able to reflect on the confidence the home helps have gained in caring for



tuberculous patients and on the willingness with which they have volunteered for the work.

Our problems have been largely connected with the need for a greater understanding of the temperamental difficulties of many of our patients. Our continued weekly group discussions have helped us considerably in overcoming some of the psychological problems we have met.

Most tuberculosis cases need help for a period of at least six months and it is our aim to find the right home help for a particular home so that she may become a real friend and adviser to all the members of the family. It is interesting to note that in one case, no fewer than seven home helps were asked to go into the home before the really "acceptable" one was found. The patient had a very difficult temperament and it was some months before we were able to establish a sufficiently good relationship with her to be of real help.

The formation of this small group has stimulated interest in all aspects of tuberculosis. Many of the group have joined the N.A.P.T. They have visited patients in hospital and have encouraged occupational therapy at home.

We have co-operated increasingly with the Almoner at the Chest Clinic.

The only case of infection other than tuberculosis which was referred to us was one of poliomyelitis.

### **"Problem Family" Group**

Ninety known "problem" families and a number of old people who were a problem to the community received practical and social care from this group of specially selected home helps during the year. Of these families, 38 were new cases referred during the year. In all cases except one the threatened break-up was averted by preventive action.

In this work it is always our aim, having given the family the impetus of practical help, to set them on the way to maintaining reasonable standards independently as a unit of society. To do this it is necessary to make an assessment, as soon as possible after referral, of the causes of the family's difficulties and to discuss with the worker methods of approach to help the family to overcome these difficulties. When we consider causes we find that our families fall into three main groups :

(i) Families where the causal factor is the mental sub-normality of the mother. In this type of family we often find frequent pregnancies adding physical weakness to the mother's mental handicap. As the size

of the family increases her inadequate mental and physical powers become more apparent.

(ii) Families disturbed by deep-seated relationship problems often originating between mother and father. These tensions sometimes lead one or both to shirk their responsibilities as parents and have repercussions in behaviour problems among the children.

(iii) Families, usually large families with young parents where the mother lacks experience or training in housecraft and homemaking.

Six families in the first group received during the year, and may continue to receive, regular help until the children are able to look after themselves. Twenty needed, and may continue to need, guidance with short periods of practical help. One family has broken up and the mother is now in a mental hospital.

In the second group, eight families referred late in the year were receiving intensive practical help at the end of the year ; 24 families appeared stable and were maintaining reasonable standards with supportive help ; and 12 were stable and maintaining reasonable standards without support.

In the third group, 19 families received regular guidance and practical help at times in housecraft and child care.

An important and encouraging decision of the Committee was given effect during the year. This was permission to employ the equivalent of up to six home helps at any one time in certain "problem" families, without assessment or charge. Through this provision we were able to give the practical and social care needed to prevent the break-up of 15 families. This care could not have been provided, or would have had to be withdrawn inconclusively after an inadequate period, if the families had been liable for assessment and for the payment of a charge for the service provided. In all these 15 families any charge made for the service would only have added to an accumulation of debts which was one factor in the "problem" and in most of the families any discussion of payment would have vitiated the friendly but influential relationship which the Home Help Service was trying to build up with the family.

This provision has now been modified to allow for more flexibility in administration and we hope to report next year that a much greater number of "problem" families, between whom and us assessment and all that it involves is a barrier, have benefited and have proved the wisdom of this modification.



## HOME ACCIDENTS

The department has worked in close collaboration with the Royal Society for the Prevention of Accidents. An effort was made to obtain some information concerning home accidents, but it was not at all successful until a method of ascertainment was devised in co-operation with the Chief Ambulance Officer. The department receives particulars of each person conveyed by the Ambulance Service to hospital after an accident. These, together with the home accidents which become known to the health visitors, formed the nucleus of this enquiry.

The following summary is made from the records kept over a trial period of one year :

Ages	Over 80	..	..	..	4
	„ 70	..	..	..	5
	„ 60	..	..	..	11
	50 — 60	..	..	..	8
	40 — 50	..	..	..	6
	30 — 40	..	..	..	8
	20 — 30	..	..	..	3
	15 — 20	..	..	..	—
	10 — 15	..	..	..	5
	5 — 10	..	..	..	3
	4 — 5	..	..	..	1
	3 — 4	..	..	..	3
	2 — 3	..	..	..	9
	1 — 2	..	..	..	7
	Under 1	..	..	..	—
					73

Circumstances at time of Accident		Accident considered to be	
Alone	With family	Preventable	Not preventable
(a) 44	(b) 29	(a) 36	(b) 37

### *Type of Accident :*

1. Fractures..	..	..	19
2. Bruises ..	..	..	6
3. Sprain ..	..	..	3
4. Dislocations	..	..	2
5. Head Injury	..	..	2
6. Lacerations	..	..	16
7. Burns ..	..	..	11
8. Scalds ..	..	..	9
9. Throat obstruction by a stick			1
10. Swallowing of injurious fluid			3
11. Undiagnosed	..	..	1
			—
			73

*Severity of Injury :*

Not severe	..	..	..	11
Severe	..	..	..	61
Fatal	..	..	..	1
				—
				73
				—

*Treatment :*

In hospital	..	..	..	66
At home	..	..	..	7
				—
				73
				—

A total of 73 accidents is not large enough for any definite conclusions to be drawn.

The following observations, however, may be made :

1. The series do not include any child under one year old, but as the child becomes more mobile he encounters danger.
2. As is to be expected, the elderly age group shows the largest incidence.
3. Burns and scalds accounted for 27.4%.
4. 90.4% of the patients required hospital treatment.
5. 50% of the accidents were considered to be preventable and this factor alone indicates that the prevention of Home Accidents should continue to receive the attention of the health visitor.

## GENERAL

### Registered Nursing Homes

Every effort is made to ascertain any unregistered nursing home.

It is the policy of this Department to refer to the Welfare Department premises where old people are cared for but which are not considered for registration as a nursing home.

### Nurses' Bureau

There are two Bureaux registered, one 421 London Road and one at 31 Saxby Street.

E. B. BERENICE HUMPHREYS.

May, 1957

**TABLE 9**

**LIST OF**

**REGISTERED NURSING HOMES**

**(INCLUDING MATERNITY HOMES)**

ADDRESS	No. OF BEDS
9 Mere Road .. .. .	1
Stoneygate Nursing Home, Stoneygate Road ..	10
"Broadview," Goodwood Road .. ..	5
Central Nursing Home, 6 University Road ..	15
Sundial Nursing Home, Aylestone Road .. ..	20
St. Francis Private Hospital, 362 London Road ..	31
Springfield Road Rest Home, 35 Springfield Road ..	8
The Lawn Nursing Home, London Road .. ..	22
Dane Hills Convent .. .. .	56
"Ava," Ratcliffe Road .. .. .	11

# Maternity and Child Welfare Dental Service Report for 1956

by

C. A. REYNOLDS, L.D.S. R.C.S.(Eng.)  
Chief Dental Officer

The Local Authority dental service provides free treatment for school children and for expectant and nursing mothers and pre-school children. The report on the treatment for school children which is the main body of the work is contained in the Report of the School Medical Officer.

There has been one change in treatment centres during the year. The London Road surgery is now only open part-time and the maternity and child welfare work from there has been transferred to Richmond House. At the Overton Road and Cort Crescent clinics the service continues to operate as before.

Excepting those from the day nurseries where routine inspections are now carried out, patients are normally referred by the medical officers in charge of the ante-natal clinics and welfare centres.

The number of dental officers employed at the end of the year was less than six ; the present establishment is twelve and the ultimate need about eighteen. Regular advertisements for more dental officers produce no response.

Somewhat surprisingly, while the dental officer staff is so hopelessly inadequate in number to provide the "comprehensive system of free dental treatment" for school children required by the Ministry of Education, the one-eleventh of the present staff's time (i.e. one session of three hours in a 33-hour chairside week) which is the proportion recommended by the Ministers of Health and Education, is still proving more than is required by the Maternity and Child Welfare service. Altogether 122 sessions were devoted to treatment in addition to five sessions spent inspecting at the day nurseries.

Details of treatment are shown in the tables and for comparison the preceding year's figures are also given.

*Mothers.* It will be seen that only 146 mothers attended for examination and this is disappointing—the more so when compared with the



numbers of mothers who attended the ante-natal (1,443) and post-natal (99) clinics ; also 3,662 children under twelve months of age whose mothers were therefore eligible for treatment, attended the infant welfare centres.

General anaesthesia is now available to mothers needing extractions and I hope that its use will become the rule rather than the exception as it has been in the past.

The number of patients provided with dentures was 51, so that 38 patients had upper and lower dentures. The prosthetic work is carried out in the laboratory at the Overton Road clinic.

Attendances of mothers numbered 517 and failed appointments 138—a shocking waste of time.

*Children.* Treatment carried out for pre-school children shows a considerable increase on that of the previous year. From the inspection and treatment tables (a) and (b), in which the figures for day nursery and those for other pre-school children have been separated, it is clearly seen that this is due to the continuation of treatment of day nursery children which was started in the latter part of 1955. The difference between the treatments of the “Others” where the parents bring children with toothache, and those from the day nurseries where inspection has taken place before toothache supervenes is very marked. For the day nursery children eight teeth were filled for every one extracted ; for the “Others” one tooth was filled for every 30 extracted. The 287 fillings represented 255 teeth conserved. In addition, 19 teeth were conserved by stoning and treating with silver nitrate. Attendances numbered 357 but failed appointments only amounted to five. Apparently mothers are more willing for their children to attend than they themselves are.

As one complete round of inspection and treatment of the day nurseries has now been accomplished I feel that the following figures will be of special interest. I would make it clear that these figures refer to a complete round of the nurseries over a period of about sixteen months.

DAY NURSERIES

Covering one complete inspection and treatment of the 10 Day Nurseries

Number examined	..	..	..	333
Number defective ..	..	..	..	175
Number referred for treatment	..	..	..	148
Number accepted treatment	..	..	..	111
Number treated ..	..	..	..	109
Number made dentally fit ..	..	..	..	103

Of the 37 who did not accept treatment, 17 had left the nursery.

### Routine Inspection D.M.F.

	1-2 years	2-3 years	3-4 years	4-5 years
Number inspected ..	36	137	107	48
Number sound mouths..	35 (97%)	86 (63%)	28 (26%)	10 (21%)
Total D.M.F... ..	11	185	392	268
Average D.M.F. per child	0.3	1.35	3.66	5.58

Sessions : Inspection ..	..	..	..	9
Treatment ..	..	..	..	38
Attendances ..	..	..	..	264
Number of fillings ..	..	..	..	351
Number of teeth filled ..	..	..	..	319
Number of teeth silver nitrate treatment ..	..	..	..	19
Number of teeth extracted ..	..	..	..	69
General anaesthetics ..	..	..	..	21

The table headed "Routine Inspection D.M.F." may need some explanation. It shows firstly how the percentage of sound mouths decreases and how the caries incidence increases towards the higher age groups. The "D.M.F." figure is a combined figure of decayed, missing and filled teeth—in other words a dental caries factor. It shows that each child between four and five years of age had on average nearly six teeth attacked by caries. Throughout this first inspection of all the day nurseries only three fillings—one each for three children—were found and 15 children had had extractions totalling 59 teeth.

### Dental Health Exhibition

At the Abbey Park Show in August, the Health Department's stand consisting of two tents was given up entirely to a dental exhibition on the care of the teeth. One tent housed the exhibition which was based on the General Dental Council's booklet "A House in Tooth Town", while in the other tent films were shown continuously. A fuller description of the two-day exhibition is to be found in the report of the Health Education Assistant, to whom great credit must go for what he describes as the most successful health exhibition so far.

### Occupation Centre (now the Emily Fortey School)

Apart from the Maternity and Child Welfare work, the children of school age attending the Occupation Centre were inspected. Of 39 examined, 18 were referred for treatment and 17 accepted. Treatment was limited to the extraction of teeth and one complete gas session was devoted to their treatment. Special transport was arranged and the children were escorted to and from the clinic. Five others had attended with toothache earlier in the year prior to the inspection. In all, 23 children were treated for whom 31 permanent and 72 temporary teeth were extracted.

# MATERNITY AND CHILD WELFARE SERVICE, 1956

## (a) Numbers provided with Dental Care :

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	146 (176)	142 (168)	153 (163)	113 (109)
{ Day Nurseries	191 (149)	102 (53)	90 (35)	85 (16)
{ Others ..	136 (145)	124 (135)	122 (134)	119 (134)
{ Total ..	327 (294)	226 (188)	212 (169)	204 (150)

## (b) Forms of Dental Treatment provided :

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radio-graphs
Expectant and Nursing Mothers	40 (56)	68 (99)	— (-)	— (-)	557 (707)	11 (-)	Full Upper or Lower	Partial Upper or Lower	6 (1)
{ Day Nurseries	—	278 (56)	19 (2)	—	34 (35)	10 (11)	—	—	—
{ Others ..	—	9 (9)	— (-)	—	291 (322)	69 (71)	—	—	—
{ Total ..	—	287 (65)	19 (2)	—	325 (357)	79 (82)	—	—	—

(1955 figures in brackets)

## Report of the City Analyst for the year 1956

by

F. C. BULLOCK, B.Sc., F.R.I.C., P.A.Inst.W.E.  
(Public Analyst and Official Agricultural Analyst)

*To the Chairman and Members of the Health Committee :*

I have pleasure once more in submitting my Annual Report on the work carried out in the City Analyst's Laboratory. It is the 28th report in this series and relates to samples analysed during the year 1956.

The number of samples submitted to us per year seems now to be stabilised round about the 10,000 mark. Of the 2,602 Food and Drug samples analysed, 127 or 4.88 per cent were certified as "not genuine" or in some way unsatisfactory.

Court proceedings were commenced in the case of more Food and Drug samples than usual, and probably a record number of convictions was obtained during 1956, mainly against vendors of foodstuffs containing "foreign bodies".

The year has been unique in another respect, in that there has been no loss from the staff ; in fact with one appointment made early in the year we have now our full establishment, as follows :

*Public Analyst, Official Agricultural Analyst :*

F. C. Bullock, B.Sc., F.R.I.C., P.A.Inst.W.E.

*Deputy Public Analyst, Deputy Official Agricultural Analyst :*

E. R. Pike, A.C.T.(Birm.), M.P.S., F.R.I.C.

*Senior Assistant Analysts :*

W. Cassidy, B.Sc.(Tech.), A.M.C.T., A.R.I.C.

Mrs. P. M. Beedham, B.Sc.(Lond.)

*Assistant Analysts :*

S. T. Mason

J. Smart



*Laboratory Assistants :*

M. R. Astill  
A. D. Twigger

*Clerical Staff :*

Miss M. W. Smith  
Miss F. M. Kimpton

*Laboratory Attendant :*

Mrs. E. Keller

It is my pleasure once more to thank all members of the staff for the willing and assiduous way in which they have carried out all duties.

The co-operation of Mr. C. W. Stacey—the Sampling Officer—has also been appreciated throughout the year.

May I also here express my appreciation of the patient and interested hearing which my reports at the monthly meetings of the Leicester City Health Committee receive, and the careful consideration given to the action to be taken to make our work effective in the public interest.

I have the honour to be,

Your obedient servant,

F. C. BULLOCK



The essence of this report is, as usual, a factual record of samples examined ; and these are classified in the tables at the end. To make the report readable, one or two paragraphs are included on some of the activities of the department, and brief notes are included on some of the samples we have condemned. In connection with these faulty samples there is perhaps little point in underlining unduly the unfortunate errors of commission and omission of food manufacturers which lead to the necessity of condemning some of their products. Many of these regrettable occurrences are hardy annuals, and are due to human frailty or incompetence rather than dishonesty. The vendors having been properly reprimanded or instructed, and in some cases prosecuted, the less said thereafter the better.

It has been suggested in previous reports that gross adulteration is a rapidly diminishing phenomenon. Even the watering of milk seems to have ceased in this area ; and the café proprietor who sold rolls spread with margarine as “Buttered Rolls” had genuinely assumed that an understanding existed between himself and his clientele, so that his reaction to a court summons for this offence was surprisingly one of righteous indignation rather than guilt.

The function of the Public Analyst today is not so much to look for sand in sugar and wooden pips in strawberry jam, as to study the implications of chemical food additives, introduced deliberately or accidentally ; to watch that processing of foodstuffs, for the sake of appearance, does not jeopardise their nutritive value ; to see that legal standards of composition are complied with ; and where no legal control exists, to see that a reasonable composition based on accepted practice is observed in the case of made-up foods.

Perhaps above all else at the present time he should consider critically claims made on labels and in advertisements and protect the public from being hoodwinked into believing that very ordinary articles, like glucose, black treacle and cider vinegar possess magic qualities contrary to the actual facts.

Recent advertising seems to have beamed its efforts towards inducing the public to consume “Pep Tablets”, “Tranquillisers” and preparations which they hope will prove effective for the cure of Obesity. One would imagine that the two former drugs would more or less counteract each other, if taken by the same person, as often no doubt they are. The slimming preparations depend almost certainly for their success on the principle of wishful thinking ; it may be that some alleged slimming agents bring about a degree of indigestion sufficient to nullify

the usefulness of a considerable proportion of the normal diet, and therefore work as claimed, though in a very inelegant manner.

The absurdity of the claims made for this type of unethical and socially undesirable drug is realised when one considers that tablets consisting of dextrose are sold for slimming purposes on the supposition that if one or two are taken before the first course of a meal, part of the appetite is satisfied and this results in less food being wanted or consumed in the meal proper. On this basis, cold suet pudding, taken as an *hors d'œuvre*, should prove a most effective slimming agent !

The sad part about this business is that not only "up-start" firms and cranks are party to it, but established concerns of considerable repute seem to be "cashing in" on that aspect of human vanity which prompts the men folk to desire to be the "life and soul" of their particular company, and the ladies, whatever their build or age, to have the figures of professional models.

Another depressing point is that the success of these catchpenny lines reveals the gullibility of a big section of the public, which makes them easy fodder for the propaganda machine of the advertising industry ; and it is a matter which can probably only be corrected by education, based on a sound if elementary knowledge of the principles of nutrition and simple therapeutics.

The fact that his professional work is directed towards helping to secure a pure food supply ; disease-free milk ; genuine, properly described drugs ; a pure and wholesome water supply ; a purer atmosphere ; effective fertilisers for the use of farmers and gardeners ; and animal foodstuffs free from worthless or deleterious ingredients, inevitably makes the Public Analyst something of a social reformer. He would however be exceeding his terms of reference if he did any more in his professional capacity than report his findings to his employing authority. Beyond that he can only offer it as his personal opinion that if the food and drug laws of the country are sincerely intended to safeguard the health and pockets of the consuming public, then there is still, today, plenty of scope for action at a high level, to curtail much of the worthless and potentially dangerous material now being thrust at the public under highly exaggerated claims.

The Public Analyst is closely concerned, in his work, with the law of the land, in as far as it concerns the control of the quality of food and medicine on sale to the public, its presentation and advertising.

From this point of view, the year 1956 made a clean start, so to speak, with the coming into operation, on the 1st January, of the Food and Drugs Act, 1955.

The 1938 Act had been reinforced and patched up with a good deal of subsidiary legislation through the war years and thereafter, and as an interim measure, the Food & Drugs Amendment Act, 1954, was drafted, to strengthen the law to deal *inter alia* with the potentially serious state of affairs caused by the introduction into foods of chemical substances, some only recently of commercial importance, and whose action on the human body was more or less unknown.

This Amendment Act came into operation on the 1st January, but was repealed on the same day, and immediately superseded by the 1955 Act, which was based largely on the 1954 Amendment Act. The Act now in force thus consolidates all the outstanding relevant legislation, and becomes a self-contained measure.

With respect, one must regard the 1955 Act with all its advances as a typically British instance of illogicality and compromise. It provides powers not only for control of composition and labelling of foods, but also deals with licensing of vehicles ; slaughter houses and knackers' yards ; compensation for closure ; compulsory purchase of land ; and the functions of the Board of Trade.

Provision for the much-needed tightening up of hygienic standards in connection with the preparation of food is made in the 1955 Act. On the same day that the Act itself came into operation the Food Hygiene Regulations, 1955, also became operative.

One of the most enterprising features of the Act was the institution of a body to be known as the Food Hygiene Advisory Council ; and it is perhaps appropriate to say here that it gave great satisfaction in Leicester that the Chairman of the Leicester City Health Committee was appointed as one of the original members of Council.

Some of the other changes in legislation during 1956 follow :

## CHANGES IN LEGISLATION DURING 1956

*(Including Acts and Regulations laid before Parliament in 1955, and brought into operation in 1956)*

### **S.I. 1955, No. 1898 (C18). The Food and Drugs Amendment Act, 1954 (Appointed Day) Order, 1955**

This Order brought the Food and Drugs Amendment Act, 1954, into operation, on January 1st, 1956 (with the exception of Section 28, which came into operation on November 25th, 1954).



**S.I. 1955, No. 1899. The Food Standards (Butter and Margarine) Regulations, 1955**

These Regulations, which came into operation on January 1st, 1956, should be read with the Food Standards (General Provisions) Order, 1944, as amended (now having effect as if contained in regulations made under Section 4 of the Food and Drugs Act, 1955). They prescribe standards for butter and margarine similar to those previously contained in Section 32 of the Food and Drugs Act, 1938.

**S.I. 1955, No. 1900. The Labelling of Food (Amendment) Regulations, 1955**

These Regulations, which came into operation on January 1st, 1956, apply to England and Wales only. They amend the Labelling of Food Order, 1953, as amended (which Order has effect in England and Wales as if contained in regulations under Section 7 of the Food and Drugs Act, 1955), to re-enact with modifications certain requirements of the repealed Sections 32(2) and 33, of the Food and Drugs Act, 1938, relating to the labelling, marketing and advertising of margarine, and margarine cheese.

The new definition of "Margarine", contained in the Food Standards (Butter and Margarine) Regulations, 1955, is repeated in these Regulations.

The Regulations also substitute the description "imitation cream" for "synthetic cream" in Item 3 of Table A, in the First Schedule to the Principal Order.

**S.I. 1955, No. 1901. The Mineral Oil in Food (Amendment) Regulations, 1955**

These Regulations came into operation on January 1st, 1956, and amend the Mineral Oil in Food Order, 1949, as amended, which, by virtue of Section 136(2) and Part I of the Twelfth Schedule to the Food and Drugs Act, 1955, is continued in force in England and Wales as if contained in Regulations made under Section 4 of that Act. These amending Regulations, having regard to the inclusion of chewing compounds in the definition of "food" in the 1955 Act, provide that the prohibition in the principal Order relating to mineral oil in food, shall not apply in relation to chewing compounds which contain not more than 12.5 parts by weight of micro-crystalline wax per 100 parts by weight of chewing compound, and otherwise contain no mineral oil. A standard of purity of micro-crystalline wax is contained in these Regulations.

**S.I. 1956, No. 919. The Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956**

These Regulations, which came into operation on July 1st, 1956, require that all milk for human consumption sold as Channel Islands, Jersey, Guernsey, or South Devon milk shall contain not less than 4 per cent by weight of milk fat.

**S.I. 1956, No. 1166. The Food Standards (Curry Powder) (Amendment) Regulations, 1956**

The Regulations came into operation on August 2nd, 1956, and apply to England and Wales only; they amend the Food Standards (Curry Powder) Order, 1949 (S.I. 1949, No. 1816), by raising the limit of lead that may be present in curry powder, from 10 parts per million to 20 parts per million.

**S.I. 1956, No. 1167. The Food Standards (Tomato Ketchup) (Amendment) Regulations, 1956**

These Regulations came into operation on August 2nd, 1956, and apply only to England and Wales. They amend the Food Standards (Tomato Ketchup) Order, 1949 (S.I. 1949, No. 1817), by substituting for the limit of 50 parts of copper per million of the dried total solids in tomato ketchup, catsup, sauce or relish, a limit of 20 parts of copper per million parts of the tomato ketchup, catsup, sauce or relish as a whole.

**S.I. 1956, No. 1181. The Bread (Amendment No. 2) Order, 1956**

This Order came into operation on September 30th, 1956, and amended the Bread Order, 1953 (S.I. 1953, No. 1283), as amended, (S.I. 1955, No. 221 and S.I. 1956, No. 217), by deleting many definitions in Article 2; the whole of Articles 4-9 inclusive; 11 and 13, and the First and Second Schedules.

**S.I. 1956, No. 1182. The Flour (Revocation) Order, 1956**

This Order, operating from 30th September, 1956, revoked the Flour Order, 1953 (S.I. 1953, No. 1282); modified requirements became operative on the same date, as indicated in the Regulations noted below.



## **S.I. 1956, No. 1183. The Flour (Composition) Regulations, 1956**

These Regulations, operating from 30th September, 1956, prescribe compositional requirements with regard to certain nutrients, viz. iron, vitamin B<sub>1</sub>, the nicotinic acid or nicotinamide, in all flour containing the whole of the products derived from the milling of wheat.

These Regulations came into operation on January 1st, 1956, and supersede the previous regulations made in 1932. The main alterations are in Regulation 5, Limits of Variation ; in Regulation 6, Manner of taking Samples ; in Regulations 14 and 15, Methods of Analysis ; and in the Schedules. The Methods of Analysis have been revised, and more modern materials are included in the Schedules.

## **S.I. 1956, No. 1853. The Fertilisers and Feeding Stuffs (Amendment) Regulations, 1956**

These Regulations operate from January 1st, 1957, and make provision for the use of the Wilson quinoline-molybdate method of analysis for the determination of phosphoric acid as an official alternative to that in the Principal Regulations (S.I. 1955, No. 1673).

During 1956, the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food have also issued the following reports :

- (i) Revised Recommendations for Limits of Copper in Food.
- (ii) Report on Emulsifying and Stabilising Agents.
- (iii) Second Report on Processed Cheese and Cheese Spread.

### **FOOD SAMPLES**

*(Defective in Composition or Labelling)*

#### **Bread Samples**

Bread is the traditional staple diet of the people of this country and, in Leicester alone, some millions of loaves of bread must be prepared each year. With such great consumption of one commodity, it may be expected that complaints in like proportion, from one cause or another, are levelled against bread, and receive consideration, during the year, in this department.

Our work during 1956 was characterised by the relatively large number of suspect samples of bread submitted by members of the public.

Mechanisation, brought to its ultimate conclusion, and labelled "automation" seems to be the order of this modern age. No matter how effective this mechanical handling and processing might be—for smooth running, its wheels must be oiled. It is when this oil spreads a little too far, and gets into the bread that it becomes a little "rough" for the would-be consumer.

Three samples in this category were reported against :

Sample No. S.234 was submitted privately, and the black streak in the bread which had given offence, although not as objectionable as imagined by the purchaser, proved to be grease from the dough-mixing machine. The baker had early intimation of this fact, and had supplied a replacement loaf to the aggrieved person. This action was considered to meet the case reasonably well, in the circumstances.

A batch-type loaf, in the centre of which was a dark-coloured inclusion of about 1 cubic inch in volume, constituted sample No. S.332. This dark substance was found to contain oil globules and fragments of iron rust. The baker eventually stated that it was a piece of over-worked dough, from a previous batch of brown bread, which had escaped removal during the cleaning process. Finally, associated with "mechanical dirt", it made its appearance in the centre of what might otherwise have been a faultless white loaf. The baker was fined £10.

Sample No. S.301, again submitted privately, contained a dark body, weighing about 1 gramme. This proved to consist of flour darkened by the presence of iron compounds. On reference to the bakery, we learned that they themselves had received a complaint direct, about another loaf, prepared at the same time as the one which we had received. It was stated that an obsolete unit in their plant was introducing iron contaminated with grease into the bread, and they had since scrapped the faulty apparatus. Although we had found no evidence of mineral oil in our specimen, it seemed reasonable that their explanation was correct, and no further action was taken, after receiving assurance that the faulty apparatus was being replaced.

About  $1\frac{1}{2}$  square inches of cotton fabric was the cause for complaint with respect to bread sample No. S.331. The fabric was impregnated with dough, and had evidently been baked *in situ*. Since it was not possible to identify the baker in this case, no further action was possible.

S.334 was another sample of bread submitted by a private purchaser, because of the presence of foreign matter. Five particles of a blue material were detected, which on microscopical examination, were found to consist of blue-dyed cotton fibres, resembling those obtained from the paper of a sugar bag.

A fine legal point arose here, in that the loaf was purchased from the van of a city bakery, but at the time of purchase the van was supplying a country district outside the city boundary. In view of this complication it was considered sufficient to deal with the matter by cautioning the baker.

A pre-sliced loaf containing a soiled bandage, which extended through three of the slices, constituted sample No. S.316. This was a most unfortunate sample, and the prejudiced purchaser may have had some satisfaction in seeing the baker convicted, and fined £20 for being guilty of selling a loaf unfit for human consumption.

A little story goes with this case, in that the purchaser—a Canadian temporarily resident in this country—had attended a talk given some months previously by the present writer. Having heard something of the presence of foreign bodies in modern foodstuffs, and seen a small exhibition of them, she had since been curiously observant in this respect. Her observance was unfortunately rewarded, but her ultimate attendance in Court completed her insight into the methods by which this department undertakes the investigation of faulty samples, and follows the matter through to its legal and logical conclusion.

Mouldy bread was the reason for complaint in two cases—in both instances a wrapped loaf was at fault. It is not always appreciated that a wrapped loaf is likely to become mouldy in a comparatively short time, if stored under the right conditions of temperature. This fact can be appreciated when it is realised that the wrapper maintains the humidity of the air surrounding the loaf, and under only slightly warm temperatures provides the optimum conditions for mould growth. A newly-baked loaf is readily subject to mould growth if wrapped before it has had time to cool sufficiently.

Sample No. S.320 (a wrapped loaf) was found to be in a mouldy condition, but the mould was confined to the sides and the base. Internally, the loaf was in good condition. Since it was not clear what interval of time had elapsed between the making of the loaf and its submission to us, no action seemed warranted, apart from acquainting the baker with the matter.

The second mouldy loaf (S.328) was submitted to the laboratory under somewhat different circumstances. A wrapped loaf had been purchased from a mobile van at 5 p.m., and at 7 p.m. on the same day was found to be mouldy throughout the body of the loaf. Unfortunately, a child had eaten half a slice before the parents had noticed the mouldy condition.



The sample was received by us at 9 p.m. on the day of purchase, and the mouldy condition confirmed at that time. The vendor, in due course, was fined £10, plus 10s. costs, and explained that the loaf had been sold early in the week, accepted back by the roundsman as surplus to the needs of the particular customer, and resold, in error, two or three days later to another customer.

#### **Butter Beans No. S.317**

When purchasing a cellophane wrapped packet of butter beans, one does not expect to observe a cigarette end accompanying the produce. This actually occurred with this sample, and the vendor was unable to explain how such a thing had happened. The cigarette end was not of English origin, and it appeared therefore that this objectionable article must have been associated with the bulked beans as imported from Madagascar. A fine of £5 was imposed upon the vendor.

#### **Butter No. S.330**

The purchaser submitted this sample to the laboratory, stating that it contained a piece of "brick". On examination, it was found that a further piece of foreign material was embedded more deeply in the butter, and that the fragments were made of wood. Both articles were of similar shape, and might have been portions of a small wooden component of a machine.

The producers were given full particulars, but were unable to explain how these wooden articles came to be in the butter. A fine of £10 was imposed. In their defence, it was stated that the firm had sold high grade butter for over 50 years, and this was the first time that a complaint had been made against them.

#### **Black Beer No. S.315**

This sample was accompanied by the complaint that the beverage had deteriorated on storage, with the development of acidity. We found it to be an unpalatable "brew" which had outlived its usefulness as a drink.

Apparently, it had been used in the manner of a medicine, and had been consumed, at the rate of a teaspoonful after meals, as necessary. The continual exposure to air over a long period of time had obviously overtaxed the keeping qualities of the beverage.

#### **Canned Cream No. S.341**

This sample was received in the opened can and was characterised by its very fluid condition, as distinct from the viscous consistency nor-



mally possessed by canned cream. The "off" smell complained-of was confirmed, but surprisingly enough the material was bacteriologically sterile.

The theory was suggested that the original cream was not fully sterilised, and some bacterial change, causing the liquefaction and the development of smell had taken place, the strain of organisms subsequently dying out.

### **Danish Pastries No. S.303**

This sample consisted of a bag of so-called Danish Pastries. On two of these confections, the observant purchaser noticed, lying among the currants, what she suspected to be pellets of mouse excrement.

These pellets were found to contain rodent hairs, coloured vegetable fibres, and some semi-digested vegetable tissue, which satisfactorily indicated that they were indeed mouse excrement, associated with the food in such a way as to render it unfit for human consumption.

There was sufficient evidence to prove that the pellets had gained access to the pastries before the baking process, since they were brick hard, and sugar coated. The firm incurred the penalty of a £20 fine.

### **Dried Fruit**

(1) Sample No. S.305 was submitted privately as a specimen of Sultanias. The sample contained a black, greasy substance, that was readily identified as graphited grease. It was explained that in compressing the sultanias into blocks for packing, such grease was used for lubricating the press, and it was from this source that part of the fruit was contaminated. From our point of view, the mineral oil content, as calculated on the whole of the sample submitted, exceeded 0.5 per cent, and so constituted an infringement of the Mineral Oil in Foodstuffs Order.

(2) Raisins (Sample No. S.337) were submitted, containing miscellaneous foreign material, including a drawing pin ; a strip of brown paper 12 cms. long ; two short lengths of string, and numerous hairs of human and feline origin. Particles of fluff were adherent to many of the raisins. As received, the sample looked as if it might have been upset on to an unswept floor or carpet, and gathered up without any great care being taken.

A further sample from the same vendor contained a great deal of fluff of the same character, and this seemed to justify the original complaint. The three partners of the firm were each fined £5.

### **Kiddie's Pills No. M.1944**

Illness, sometimes with fatal consequences, is a fairly regular occurrence among children, arising from their taking medicinal tablets under the impression that they are sweets. We were therefore surprised to find on the market a form of sweet actually sold as "Kiddie's Mixed Pills", packed to resemble a box of pills. They were small spheroidal sweets variously coloured ; and although, of course, in themselves they were quite harmless, we felt that it was somewhat stupidly educating children in the wrong direction—teaching them to expect to find their sweets in pill boxes, and actually labelled pills.

The firm stated that they had sold this pack for 85 years, and it would cost them £5,000 to discontinue the practice. Nevertheless, they gave an undertaking not to continue with this, in our opinion, very treacherous line.

### **Mandarin Oranges No. 1319**

The opened can of this product was submitted, because of the turbid appearance of the syrup in which the orange sections were packed. Microscopical examination revealed moulds of the species *Aspergillus* and *Rhizopus*, but it was not possible to ascertain with any precision how long the can had been opened, and whether or not the mould infection had taken place after purchase.

### **Mince Pies No. S.342**

A few days after Christmas, a sample of mince pies was received with the complaint that two pies out of twelve were in an unclean condition. The base of one pie was almost black, but nothing other than charred starch was identified. It was naturally suggested that a dirty patty pan had been used for baking, but the baker stated that foil containers, each being used only once, were employed. The black appearance was therefore a mystery, which neither we nor the baker could explain.

### **Piccalilli No. 635**

The Labelling of Food Order requires that pre-packed Piccalilli should be labelled with a list of ingredients, arranged in quantitative order. This sample was not so labelled, and the vendors—a small concern—were appropriately advised regarding the necessary legal requirements.

### **Potato Crisps No. S.339**

A look of considerable disgust was worn by the person who submitted this sample, owing to the presence, as she suspected, of a fried worm

among her crisps. By its size and flexible nature, the diagnosis was not unreasonable, but further examination showed the vegetable nature of the "worm", and the foreign body was later found to consist of a potato shoot which had been subjected to the frying process, with the crisps, and had become included with the contents of one packet.

The attention of the producer was drawn to the matter, who explained that among millions of crisps, an occasional lapse of this type, though regrettable, was almost inevitable.

### **Rolls and Butter No. 1908**

This sample was taken in the formal manner, and on analysis, the "butter" proved to be margarine containing not more than 10 per cent butter. The vendor was fined £5.

### **Sugar Nos. S.307 and S.308**

Both these samples were received from the same source, and both contained fragments of woody tissue. This foreign material was found to be thoroughly impregnated with sugar, and had evidently been present in the crystallising vat.

Although the presence of this woody tissue was easily visible, from the point of view of the ordinary purchaser, they could have spoiled the perfection of a cake or pudding, in which the sugar was used, and the complaint was justified, although not calling for legal action.

### **Swiss Roll No. S.335**

This was submitted because of the presence of a dark foreign body. The black material was about 1 cm. square and 1 mm. in thickness, and consisted of carbonised matter which could have originated from some of the burnt sponge batter.

It was reported that this foreign material, while not rendering the Swiss Roll uneatable, would deter a would-be consumer who did not know the exact nature of the substance. The multiple firm concerned had accepted supplies on a warranty, and the matter was dealt with by a caution.

### **Tea No. S.329**

This sample was submitted by a member of the public, the complaint being the unwanted presence of a small, cheroot-like object, half-consumed, but elegantly tied with thin mauve-coloured twine. This "foreign" body certainly had an un-English look and enquiry indicated



that it was an Indian "smoke", locally known as a "Beedi". This strongly suggested the point of access of this intrusion as being the country of origin of the tea. Unfortunately, the "Beedi" escaped notice in the examination process prior to packaging in this country, an omission which cost the packers a fine of £10, with 15s. costs. Witness for the defence claimed that nearly eight million packets of tea were produced weekly, and the firm had been in operation on this scale for the past 40 years ; this was their first complaint.

## MILK SAMPLES

1896 samples of milk have been examined for chemical quality during the year, of which 75 were reported as deficient of either Solids-not-fat or fat content. In no case was preservative, contrary to the regulations, found present.

In only one case (sample No. 455) which contained 7.75 per cent Solids-not-fat and 3.10 per cent fat with a freezing point  $-0.518^{\circ}\text{C}$  and a mineral matter content of 0.74 per cent was there reason to believe that extraneous water had obtained access to the milk. In this case we reported at least 2.2 per cent added water.

The deficient samples appear to have been, in every other case, of abnormal low quality as delivered by the cow ; and in many instances bulking produced a milk that either complied with the present minimum standards or was not greatly deficient.

For instance Sample No. 2870 containing 8.10 per cent Solids-not-fat and 4.30 per cent Fat ; and sample No. 2971 containing 8.35 per cent Solids-not-fat and 2.50 per cent Fat, represented the contents of two churns which were bulked before sale, to give a final milk having 8.23 per cent Solids-not-fat and 3.40 per cent Fat. The difference in the fat contents was due to uneven milking periods, but the ultimate customer got a milk containing a fat well above the legal minimum. Both the two samples had a high mineral matter content which has been found, by experience, to be consistent with a milk of low S.N.F. but free from added water.

T.T. Milk No. 2811. This sample contained 8.33 per cent Solids-not-fat and 2.10 per cent Fat, the freezing point was  $-0.540^{\circ}\text{C}$  and the mineral matter 0.77 per cent. This was good enough evidence that no water had been added to the milk, but the very low fat content could have been due to fat extraction. We were not in a position to prove this, but after an interview with the producer it seemed fairly certain that the milk was naturally low in quality, as delivered by the cow.



Similar reasoning applies to most of the other samples which were found to be low in one way or another. While it is satisfactory to be able to record that the practice of watering milk seems to have almost ceased in this area, probably, and almost certainly in part, due to our intensive sampling, it is no great satisfaction to the ultimate purchaser if the milk they get is substantially below the average quality.

One isolated sample of sterilised milk was submitted with the complaint of foreign material present. On inspection this proved to be fragments of cork from the cork lining of the crown stopper of the bottle. We reported that while such material renders the milk not of the nature demanded, it was unlikely that the presence of cork fragments rendered it in any way dangerous.

Freezing point determinations were carried out on 70 samples, and in 69 cases exonerated the producers from all suspicion of having added water to the milk.

### School Milk

Sixty-five samples of milk, as delivered to local schools, have been examined during 1956 for chemical quality, cleanliness of bottles, efficiency of pasteurisation, and for keeping quality.

In every case it is satisfactory to report that the samples passed all the tests.

## MISCELLANEOUS DRUG SAMPLES

Two hundred and sixteen drug samples were submitted for examination during 1956. Of these, fourteen were the subject of adverse comment. It is notable that, as in the three preceding years, nearly half of these samples were criticised because of inadequate labelling.

A sample of White Precipitate Ointment was sold, not labelled with the word "Poison" nor with the official name of the preparation, thus contravening the Pharmacy and Poisons Act, 1933, and the Pharmacy and Medicines Act, 1941. Whilst it is permissible to supply such a preparation labelled simply as "The Ointment", as was this sample, when supplied to a prescription, the appropriate name and the word "Poison" must appear on the container, in the ordinary course of trading.

Glycerin, Lemon and Honey, sold with a recommendation of its use for coughs and colds, subjects this substance to the requirements of the Pharmacy and Medicines Act, 1941 ; it must then be labelled with a

quantitative declaration of its ingredients. The sample in question did not bear such a declaration, and therefore was duly criticised for a technical breach of the Act. It does seem somewhat unrealistic that had the label borne no mention of its use apart from a dosage, then no contravention of the Pharmacy and Medicines Act would have occurred. In such circumstances, however, the Labelling of Food Order would require the ingredients to be declared in descending quantitative order.

For many years now, an annual appeal has been made in this report to encourage and enlist the co-operation of all vendors of medicinal substances, especially substances sold in tablet form, to sell them properly labelled. Providing no recommendation as a medicine is made, either written or oral, then many substances such as aspirin or sulphur tablets can legally be sold in an unlabelled packet. In our opinion, in the interests of public safety, it is ethically desirable to label all such preparations. National statistics still show that there are many fatalities, caused by young children eating tableted drugs in mistake for sweets, and all the vendor can do in this matter is to make sure that the goods he sells are readily identifiable. It is gratifying to note that this year objection was taken, from this point of view, in only one case—a sample of sulphur tablets.

In the 1860's, the Public Analytical Service was conceived to help to stamp out the then prevalent adulteration of foods and drugs. It is stated earlier in this report that today blatant adulteration is rare, but this does not mean that the public has been completely protected from fraudulent practices. The craze of fashion, and the strain of modern life are now both used to extract wealth from a gullible public.

Samples of Cider Vinegar were received, bearing the following legend :

“Nature's safest cure for Obesity and for eczema, asthma, coughs, heartburn, indigestion, rheumatism, and many other ailments.”

It would be amazing if a preparation, such as cider vinegar would be effective against such a comprehensive collection of maladies. What is more amazing is that a large proportion of the public is willing to believe such propaganda. There is no doubt that many claims are grossly exaggerated and unethical, and yet there is no precise legal means of restraining the unscrupulous producers of these undesirable products.

In this same category came a proprietary brand of “pep” tablets, which contained, as its active ingredient, 50 milligrams of caffeine—about the same amount of this stimulant as occurs in a normal cup of tea or coffee ! The advertising “blurb” bore a statement that the

caffeine was contained in a "fast-acting" base—a statement calculated to beguile the gullible, or to blind the lesser-informed individual with pseudo-scientific mysticism. In our opinion, this claim for activity of the base constituted a contravention of the Pharmacy and Medicines Act, since the nature and quantity of this substance was not declared. It is regrettable that such unnecessary products are permitted to be marketed, and that measures cannot be implemented to protect the public from such misleading statements.

Two instances of drugs containing foreign bodies were presented at the laboratory for examination. A sample of Balsam of Tolu and Honey contained an insect, identified as a species of *Drosophila*. It is probable that it had been introduced into the medicine via the honey. Of 54 Bismuth Dyspepsia Tablets in a carton, 35 were found to have sawdust adhering to them. Though considered harmless, the product was not of the quality expected, and the manufacturers—a reputable firm—were duly informed of this lapse.

Defective composition was the cause of complaint in the following samples :

#### **Glycerin of Thymol Nos. 20 and 1889**

Sample No. 1889 was a formal sample, taken after finding that the informal sample, No. 20 was deficient of 33 per cent of the required glycerin content. The formal sample contained even less glycerin, being deficient of 41 per cent of the required 10 per cent of glycerin. Legal proceedings were taken against the manufacturers, who pleaded guilty and were fined £5. It was stated that the product is usually prepared in a concentrated form, and then diluted to the official strength, as required. In this instance, dilution had been carried out by mistake, on material already diluted.

#### **Parrish's Chemical Food Nos. 1743 and 1972**

Sample No. 1743 was found to be deficient of 41.1 per cent of the minimum ferrous phosphate content required, and was also deficient of 20 per cent of the required sugar content. The follow-up sample No. 1972 was also grossly deficient of the same constituents, and had deteriorated, due to overlong storage. As this latter sample constituted the whole of the remaining stock, and was willingly surrendered, no further action was taken.

#### **"Limestone" Phosphate Compound No. 1745**

The name "Limestone" was a trademark ; but since its presence on the label would naturally suggest the presence of lime to many people,



its use seemed to us to be inappropriate and even misleading, because the product—an effervescent saline compound—contained no calcium whatever. The product had deteriorated, losing much of its effervescent quality, and was obviously old stock. The packer was informed of this, and stated that this particular product was no longer being marketed.

### **“Compressed Cinnamon Tablets” Nos. 2753 and 1950**

These so-called compressed tablets were really lozenges, prepared by subdividing a paste and then subjecting to a drying process. During this drying process much of the volatile cinnamon oil content—its main active ingredient—was lost. This caused deficiencies of 60 per cent and 70 per cent of the stated oil contents in the respective samples. The manufacturers agreed to modify their labels regarding the therapeutical claims, and the oil content, but proposed to continue to call the product a “tablet” without the description “compressed”. These proposals were accepted.

## **MISCELLANEOUS SAMPLES EXAMINED ON BEHALF OF PRIVATE PERSONS**

Samples submitted under this heading, which numbered two hundred and fifty nine during the year, are summarised in Table I. These samples are usually submitted in order to obtain some specific information and often prove of great interest to members of the laboratory staff. In the notes below some of the problems posed are briefly mentioned.

Boiled beetroot was submitted to test its keeping properties under varying conditions, because a method was being sought by the person submitting it to extend the keeping properties of this commodity without infringing the Preservatives Regulations !

The Bronchial mixture was investigated for its copper content, the preparation having been prepared in a copper vessel.

Thirteen samples of cement colouring compounds were analysed for sulphate content—sulphate being deleterious to the final concrete product for which they were required.

Insects presented in a match-box and collected from the house of the person submitting them, proved to his horror to be bed-bugs.

The paint film was an interesting sample and was examined to disprove the allegation that a contractor had applied only one coat of paint



to a building. It was proved by microscopic examination that in actual fact three coats of paint, all of the same colour, had been applied.

Samples of stream water used for watering cattle were examined. Analysis indicated that the stream had been polluted by sewage. There are no official standards controlling the quality of water used as a drinking supply for cattle and it is difficult to suggest a standard acceptable as such. This is a problem in which the Ministry of Agriculture, Fisheries and Food could provide useful help and guidance.

## FERTILISERS AND FEEDING STUFFS

Reference to Table G shows that fifty samples of Fertilisers and Feeding-stuffs were submitted by the Inspector, and a further eight samples were examined on behalf of private persons. Of the fifty samples submitted officially, seven were found to be unsatisfactory—six of these samples were condemned due to incorrect composition and one supplied with an inappropriate statement of analysis. This latter sample (No. 56/FF/20) was a satisfactory specimen of Sulphate of Potash, but was sold with a statutory statement declaring a soluble phosphoric acid content of 18.5 per cent !

It was remarkable that all the fertiliser samples criticised due to inaccurate composition actually contained more of the active constituent than declared. Whilst such an excess is not calculated to be to the prejudice of the purchaser, we have received instructions from the Ministry of Agriculture to reject any sample in which non-compliance with the Statutory Statement of analysis occurs, whether the statement underestimates or over-estimates the amounts of the active constituents. The Statutory Statement of Composition is, of course, supposed to be the result of actual analysis, and prescribed limits of variation are allowed to compensate, to a predetermined degree, for any deviation due to sampling error consequent upon any heterogeneous nature of the material in question.

In January 1956 the New Regulations to the Fertilisers and Feeding Stuffs Act, 1926 came into operation. Whilst not introducing any radical innovations, the changes with regard to the limits of variation were made a little more flexible and realistic. Thus it is no longer necessary to declare a free acidity for Ammonium Sulphate if any free acid present does not exceed 0.025 per cent. (Calculated as  $\text{H}_2\text{SO}_4$ .) Under the Old Regulations even if there were no acidity at all this fact had to be declared.

A greater latitude has also been given to the limits of variation for fibre in a compound cake or meal and this may extend from one eighth more, to one half less than declared. The value of hydrated lime is now calculated upon its neutralising value rather than upon its Calcium Hydroxide content.

The New Regulations also bring many of the methods of analysis up-to-date and these have been made more comprehensive by the Amendment to the Regulations which came into force upon 1st January, 1957, which introduces the Quinoline Phospho-Molybdate method for estimation of Phosphoric Acid.

### ATMOSPHERIC POLLUTION (See Tables O and P)

Early in 1956 the sequel, consequent upon neglect of maintaining a clean atmosphere, was evident, for upon the 5th-6th January, the City was enshrouded in fog, and the smoke concentration in the air reached a figure of 1.3 mgms. per cubic metre (calculated as an average for the day) as compared with an average of 0.26 mgms. per cubic metre for that month. A maximum concentration of 3.47 milligrams per cubic metre was reached between 4.30 and 5.00 p.m. on that same day.

Not until November was there any comparable concentration of smoke in the atmosphere, when it reached 0.76 mgms. per cubic metre. These figures were recorded at Salisbury Road, where the atmosphere can be expected to be much cleaner than in the City centre, where no doubt much greater concentration occurred.

It was interesting to note that at both these peak smoke concentrations there was an accompanying peak sulphur dioxide level. Such an occurrence tends to prove that the formation of the fog is accentuated by the dirt and acid which we ourselves permit to pervade the atmosphere through the burning of fuels in the time-honoured and traditional way. Whilst no one individual can be held responsible for this state of affairs, it is indeed a public responsibility, and it is good to see some reaction to it by the inception of the so-called "smokeless zones". It cannot be expected, however, that all will be pure and clean in such zones until the whole area, domestic and industrial, becomes included therein. There is no doubt that the formation of smokeless areas is a costly item, but the eventual saving in terms of preservation of health and of building fabric will more than justify such expense.

### WATER

During the past year the work of the laboratory in connection with the maintainance of a safe and satisfactory drinking supply, has under-

gone a slight change. The actual number of routine bacteriological and chemical analyses have been reduced, but the laboratory has been called upon, to an increasing extent, in a consultative capacity. This has meant rather heavier demands upon the time, ability and responsibilities of the senior staff.

1955 proved to be a dry year and this was reflected in the low state of the water levels in the reservoirs at the beginning of 1956. This factor, together with the high Winter winds, resulted in water of high turbidity and low bacteriological quality. This was followed in the early Spring and Summer by an abnormally high algal growth, giving rise to filtration difficulties. On these occasions advice was given on the necessary treatment of the reservoir waters to combat these and related problems, such as the development of taste and smell in the final water.

Much time was spent, both at the laboratory bench and on the pilot plant scale at Hallgates, in the development of chemical methods of treatment of the reservoir water. Various methods of chemical coagulation were investigated, and in due course a high quality final water was achieved.

The proposed Centralised Chemical Treatment and Rapid Filtration Scheme, shortly to be put into operation by the Water Department, and based upon the results obtained from the Pilot Plant should prove worthwhile and be an advance upon the present Slow Sand Filtration process, particularly at times of high algal growth.

Additional coagulation experiments, based on the Chlorinated Copperas Process, were carried out in connection with the River Dove Water Scheme, for which various softening processes were also investigated.

In dealing with the water from the consumer's aspect, the constant check on its quality was maintained by routine analyses, and from observations by members of the public, some of whom have very discerning palates. From such persons, some sixty complaint samples were received, all of which were fully investigated, the cause for complaint in each case traced, and appropriate advice given. Approximately one quarter of these complaints were due to traces of iron originating in the distribution mains. In addition to ensuring the effectiveness of the present distribution system, over thirty new mains were tested for sterility, and passed as suitable for service.

# TABLE A

## Summary of Samples Analysed during 1956

### Samples under the Food and Drugs Act, 1955

#### (A) Submitted by Sampling Officers :

(a) Milks .. .. .	1,896
(b) Foods and Drugs .. ..	647
(c) Shellfish .. .. .	18

#### (B) Food and Drug samples submitted by the public

(See Table J) .. .. .	42
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2,603

### Bacteriological Samples

#### Samples under the Milk (Special Designation) Regulations, 1949 .. .. .

Ungraded Milk Samples .. .. .	467
Miscellaneous .. .. .	4

1,857

#### Daily Dairy Control samples for pasteurisation efficiency .. .. .

Washed Milk Bottles and Churn Rinses (Estimation of Cleanliness) .. .. .	227
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3,338

### Fertiliser and Feeding Stuffs Act

#### Samples submitted under Fertiliser and Feeding Stuffs Act, 1926, by Inspectors (see Table G) ..

Samples submitted privately (see Table G) ..	8
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58

### Rag Flock Act, 1911

#### Samples submitted by Public Health Inspectors ..

3

#### Atmospheric Pollution .. .. .

439

#### Water Samples for Water Committee ..

3,486

### Miscellaneous Samples from other sources :

Health Department (see Table H) .. ..	273
Other Corporation Departments (see Table H) ..	2
From other sources (see Table I) .. ..	247

522

Grand Total .. .. . 10,449



TABLE B

## FOOD AND DRUGS ANALYSED DURING 1956

(Sampled by Public Health Inspectors under the Food and Drugs Act)

## Foods Analysed :

Sample	No.	Sample	No.
Milk .. ..	1,896	Mandarin Oranges (Canned) ..	7
Aniseed Balls ..	6	Meat Extract .. ..	1
Baby Food .. ..	1	Milk (Condensed) .. ..	5
Barley Sugar Drink ..	1	Milk Flavouring .. ..	6
Beer .. ..	12	Mincemeat .. ..	6
Beverages .. ..	6	Minced Meat .. ..	6
Black Pudding .. ..	3	Mussels .. ..	18
Bread (Sliced) .. ..	1	Mustard .. ..	2
Bread Rolls and Butter ..	5	Mustard Oil .. ..	1
Butter .. ..	6	Orange Drink (Fresh) ..	3
Cheese .. ..	7	Orange Squash .. ..	3
Cheese (Processed) ..	6	Patent Barley .. ..	1
Cherry Syrup .. ..	1	Peas (Canned) .. ..	6
Cider Vinegar .. ..	1	Piccalilli .. ..	1
Coconut in Syrup (Canned) ..	1	Polony .. ..	3
Coffee .. ..	5	Potato (Instant) .. ..	1
Condiment (Non-brewed) ..	2	Pudding (Christmas) ..	6
Confectionery .. ..	6	Raisins .. ..	1
Cornflour .. ..	2	Rice .. ..	6
Cream (Canned) .. ..	1	Rice (Creamed, Canned) ..	2
Custard Powder .. ..	7	Rice (Flaked) .. ..	5
Egg (Liquid) .. ..	1	Runner Beans (Canned) ..	1
Fish Cakes .. ..	5	Salad Cream .. ..	6
Flour .. ..	13	Salt (Iodised, Garlic) ..	2
Fruit, Dried Mixed .. ..	13	Sauce .. ..	5
Ginger Flavouring .. ..	6	Sausage .. ..	12
Gravy Salt and Browning ..	4	Soft Drinks .. ..	9
Herbs .. ..	10	Soup (Dried) .. ..	2
Honey .. ..	1	Soups (Canned) .. ..	8
Horse Radish Sauce .. ..	6	Spirits .. ..	6
Ice Cream .. ..	48	Steak and Kidney Pie (Canned)	1
Ice Cream Lollipops ..	3	Suet, Beef .. ..	4
Jam .. ..	7	Sugar Confectionery ..	13
Jelly .. ..	6	Sultanas .. ..	1
Ketchup .. ..	1	Syrup (Golden) .. ..	2
Lard .. ..	6	Syrup (Pineapple) .. ..	1
Lemon Curd .. ..	6	Tapioca .. ..	7
Lemon Juice .. ..	5	Tea .. ..	6
Margarine .. ..	7	Treacle .. ..	2
Marmalade .. ..	6	Tomato (Canned) .. ..	5
Marzipan .. ..	7	Tomato Juice (Canned) ..	1

TABLE B—continued

Sample	No.	Sample	No.
Tonic Water .. ..	1	Wines .. ..	8
Vinegar .. ..	11	Yeast Extract .. ..	2
Vegetarian Food .. ..	1		
Welsh Rarebit .. ..	1	Total .. ..	2,345

## Drugs Analysed :

Sample	No.	Sample	No.
Almond Oil .. ..	6	Halibut Liver Oil Capsules ..	7
Aspirin Tablets .. ..	6	Hydrogen Peroxide .. ..	12
Arrowroot .. ..	6	Influenza Mixture .. ..	4
Balsam of Tolu and Honey ..	1	Inhalers, Nasal .. ..	6
Birley's Antacid Powder .. ..	6	"Liquid of Life" Tablets .. ..	1
Bismuth Dyspepsia Tablets ..	6	Liquid Paraffin .. ..	12
Boracic Acid Powder .. ..	6	Nasal Spray .. ..	1
Calamine Lotion .. ..	7	Neats Foot Oil .. ..	1
Calcium Lactate Tablets .. ..	6	Olive Oil .. ..	6
Charcoal Tablets .. ..	1	Parrish's Chemical Food .. ..	8
Children's Tonic .. ..	2	Pro-plus Tablets .. ..	1
Chlorodyne .. ..	4	Quinine and Cinnamon .. ..	2
Chocolate Laxative .. ..	4	Saccharin Tablets .. ..	6
Cider Vinegar .. ..	2	Seidlitz Powder .. ..	6
Cinnamon Tablets .. ..	2	Sulphur Tablets .. ..	6
Compound Powder of Liquorice	5	Throat Pastilles and Lozenges ..	6
Concentrated Medical Essence of		Vitamin C Tablets .. ..	6
Cinnamon .. ..	1	White Precipitate Ointment ..	7
Epsom Salts .. ..	6	Zinc and Castor Oil Cream ..	6
Friars' Balsam .. ..	6	Zinc Oxide .. ..	1
Glauber's Salt .. ..	6		
Glucose Drink .. ..	1	Drugs .. ..	216
Glucose Tablets .. ..	3	Foods .. ..	2,345
Glycerin, Lemon and Honey ..	5		
Glycerin of Borax .. ..	6	Total Food and Drugs	2,561
Glycerin of Thymol .. ..	7		

TABLE C  
Averages of Milk Analyses for 1956

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Averages
No. Examined	133	113	126	113	118	107	122	74	105	123	129	101	1,364
Average Fat ..	3.77	3.53	3.65	3.49	3.37	3.54	3.57	3.71	3.80	3.94	4.01	3.92	3.69
Average S.N.F.	8.79	8.76	8.68	8.67	8.67	8.68	8.67	8.68	8.76	8.82	8.82	8.73	8.73

CLASSIFICATION OF SAMPLES BASED ON FAT CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 2.6 ..	—	2	1	—	4	—	2	—	1	—	—	1	11
2.6—2.79 ..	—	4	2	—	4	1	4	—	—	—	1	2	18
2.8—2.99 ..	—	3	3	9	9	5	8	3	1	2	1	1	45
3.0—3.19 ..	10	14	16	16	13	16	10	5	3	5	7	2	117
3.2—3.39 ..	16	19	15	25	30	20	12	2	11	7	8	9	174
3.4—3.59 ..	24	21	27	17	26	26	35	18	12	12	11	4	233
3.6—3.79 ..	31	23	24	20	12	9	16	22	26	26	29	18	256
3.8—3.99 ..	13	7	4	13	6	8	9	8	16	28	23	22	157
4.0—4.19 ..	12	4	10	4	7	7	6	5	19	9	7	12	102
4.2—4.39 ..	10	9	7	4	3	5	5	4	8	15	6	8	84
4.4—4.59 ..	5	4	8	1	1	5	9	2	2	4	9	6	56
4.6—4.79 ..	5	3	4	1	3	3	3	2	2	6	4	6	42
Over 4.80 ..	7	—	5	3	—	2	3	3	4	9	23	10	69
Total Samples	133	113	126	113	118	107	122	74	105	123	129	101	1,364

TABLE C. CLASSIFICATION OF SAMPLES BASED ON SOLIDS-NOT-FAT CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 8.10..	—	1	—	—	1	—	—	—	—	—	—	1	3
8.10—8.19..	—	—	2	—	—	—	—	—	1	—	—	1	4
8.20—8.29..	1	2	3	2	1	1	—	—	1	—	—	2	13
8.30—8.39..	1	5	2	3	3	1	1	—	1	1	—	2	20
8.40—8.49..	5	3	13	7	11	7	8	1	2	1	3	7	68
8.50—8.59..	15	10	23	20	14	16	27	8	5	11	12	10	171
8.60—8.69..	21	13	27	29	32	28	31	18	16	9	15	20	259
8.70—8.79..	27	31	20	19	30	31	34	28	19	15	28	21	303
8.80—8.89..	26	24	12	19	13	13	12	12	32	31	24	14	232
8.90—8.99..	11	8	12	9	8	8	5	6	15	31	22	9	144
9.00—9.09..	10	8	1	3	1	1	1	—	6	11	9	5	56
9.10—9.19..	9	3	5	1	3	1	2	1	3	8	6	5	47
9.20 & Over	7	5	6	1	1	—	1	—	4	5	10	4	44
Total Samples	133	113	126	113	118	107	122	74	105	123	129	101	1,364



TABLE C. CLASSIFICATION OF SAMPLES BASED ON TOTAL SOLIDS CONTENT

Range	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Yearly Total
Below 10.50	—	—	—	—	—	—	—	—	—	—	—	1	1
10.50—10.99	—	2	—	—	1	—	—	—	—	—	—	1	4
11.00—11.49	—	7	11	5	12	5	12	—	3	2	1	3	61
11.50—11.99	18	26	29	42	39	28	26	11	8	13	12	6	258
12.00—12.49	57	44	47	39	50	48	52	37	32	19	41	33	499
12.50—12.99	31	15	19	18	9	17	16	16	46	51	32	26	296
13.00—13.49	16	15	12	5	6	8	12	5	8	22	16	15	140
13.50—13.99	5	4	4	2	1	1	3	4	5	9	10	14	62
14.00 & Over	6	—	4	2	—	—	1	1	3	7	17	2	43
Total Samples	133	113	126	113	118	107	122	74	105	123	129	101	1,364

TABLE D(a). Food Samples other than Milk reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S301	Bread ..	Private	Bread containing a dark inclusion which appeared to be a portion of flour impregnated with iron rust	Bakery informed. Faulty machinery removed from use
S303	Pastries	Private	Pastries, not of the quality demanded, being contaminated with rodent excrement	Vendor fined £20
90 and 160	Iodised Garlic Salt	Informal	Insufficiently labelled—quantitative minimum content of the Iodine omitted	Manufacturer cautioned by M.O.H. Promised to revise next supply of labels
S305	Sultanas ..	Private	Sultanas contaminated with graphited mineral oil	Reported to Health Committee
635	Piccalilli ..	Informal	Piccalilli of normal quality, but inadequately labelled	Reported to Health Committee
S307 & S308	Sugar ..	Private	Genuine sugar containing a few small fragments of woody tissue	Vendor cautioned by M.O.H.
1908	Rolls and Butter ..	Formal	Rolls spread with a preparation resembling, but not consisting of butter; therefore to that extent not of the nature demanded by the purchaser	Wooden container removed from use Vendor fined £5
1319	Mandarin Oranges	Informal	Mandarin oranges in a mouldy condition	Reported to Health Committee
S316	Bread ..	Private	Bread containing soiled bandage ..	Vendor pleaded guilty, fined £20
S317	Butter Beans ..	Private	Butter beans containing a half cigarette, loose tobacco shreds, and a splinter of wood	Vendor pleaded guilty, fined £5

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
S312	Milk Bottle ..	Private	Apparent dirt due to scratches on the outside of the bottle	Reported to Health Committee
S315	Black Beer ..	Private	Deterioration due to storage (whilst in purchaser's possession)	Reported to Health Committee
1674	Fresh Orange Drink ..	Informal	Orange flavoured drink, falsely labelled "Orange Juice"	Vendor cautioned by M.O.H., promised to amend the name of the product
S320	Wrapped Malt Loaf ..	Private	Malt loaf in a mouldy condition ..	Reported to Health Committee
S324	Bread ..	Private	Bread containing foreign matter—a fragment of grease	Baker cautioned by M.O.H.
S328	Bread ..	Private	Bread infected with mould growth..	Baker fined £10 with 10s. costs
S322	Rice ..	Private	Rice containing foreign material—small fragments of mineral matter	Reported to Health Committee
S329	Tea ..	Private	Tea containing a foreign body—consisting in part of tobacco	Packers fined £10 with 15s. costs
S330	Butter	Private	Butter containing foreign bodies made of wood	Creamery fined £10
2352 (S331)	Bread ..	Informal/Private	Bread containing a piece of cotton fabric about 1½ square inches in size	Reported to Health Committee
S332	Bread ..	Private	Bread containing dark coloured foreign material — over - worked dough, globules of oil and fragments of iron rust	Baker fined £10 with 7s. 6d. costs
2320	Cleaned Sultanias ..	Informal	Sultanias; some in an unclean condition—insect infestation and excrement	Reported to Health Committee. Formal follow-up sample proved to be satisfactory

TABLE D(a)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
2324	Cleaned Currants ..	Informal	Currants ; including some in an unclean condition—insect infestation and excrement	Reported to Health Committee. Formal follow-up sample proved to be satisfactory
S334	Bread ..	Private	Bread containing foreign matter in the form of small pieces of paper	Transferred to County Authority
2440 (S335)	Swiss Roll ..	Informal/Private	Swiss roll containing an innocuous foreign body	Vendor cautioned
2606 (S337)	Raisins ..	Informal/Private	Contained : A brass (or brass-plated) drawing pin. A strip of thin brown paper. Two short pieces of string, also miscellaneous hairs, fibres and fluff	Vendors prosecuted Three directors fined £5 each
2607	Raisins ..	Informal	Contained fluff, fragments of paper and miscellaneous fibres	
M2188	Chocolate ..	Private	Contained 2.9 per cent free fatty acid. (Not considered suitable for children to eat)	
S339	Potato Crisps ..	Private	Contained a foreign body—part of a potato shoot or root	Submitted by vendor for advice on condition after storage
S341	Canned Cream ..	Private	Canned cream which had undergone bacterial change	Manufacturer cautioned by M.O.H.
S342	Mince Pies ..	Private	Mince pies in an unclean condition ..	Vendor's attention drawn to the matter. Reported to Health Committee
1735	Mussels ..	Informal	Only 50 per cent clean ..	Baker's attention drawn to the matter. Reported to Health Committee. Follow-up sample proved to be satisfactory



TABLE D(b). Drug Samples reported "Not Genuine"

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
31	White Precipitate Ointment..	Informal	Incorrectly labelled; devoid of official name of the preparation and the word "Poison", this constitutes a contravention of the Pharmacy and Poisons Act, 1933, and the Pharmacy and Medicines Act, 1941	Vendor cautioned by M.O.H.
20	Glycerin of Thymol B.P.C...	Informal	Glycerin of Thymol not conforming to the standard of the B.P.C. Glycerin content only 6.7% v/v, and weight per mil. (20°C) only 1.03 grams	Formal Sample No. 1889 taken as follow-up
1889	Glycerin of Thymol B.P.C...	Formal	Glycerin of Thymol not conforming to the standard of the B.P.C. Glycerin content only 5.9% v/v, and weight per mil (20°C) only 1.028 grams (B.P.C. Standard: 10% v/v glycerin; weight per mil (20°C) 1.04—1.05 grams)	Manufacturers fined £5
321 419	Glycerin, Lemon and Honey Sulphur Tablets ..	Informal Informal	No declaration of formula Not properly labelled as a medicine	Vendor cautioned by M.O.H. Vendor requested to label future supplies
S313	Bismuth Dyspepsia Tablets..	Private	Bismuth Dyspepsia tablets with fragments of sawdust adhering to them	Reported to Health Committee. Follow-up samples proved to be satisfactory

TABLE D(b)—continued

Sample No.	Article	Formal, Informal or Private	Nature of Offence	Action taken
1743	Parrish's Chemical Food ..	Informal	Deficient of 41.1% minimum ferrous phosphate content and 20% deficient of required sugar content	Followed-up by Sample No. 1972
1972	Parrish's Chemical Food ..	Informal	Parrish's food which had deteriorated due to overlong storage	Follow-up of Sample No. 743. This sample constituted the surrender of the entire stock
1745	"Limestone" Phosphate Compound	Informal	"Limestone" Phosphate Compound which had deteriorated on storage and had lost part of its effervescent quality. Name of product misleading	Manufacturers cautioned by M.O.H. Name of product already altered
S336	Balsam of Tolu and Honey ..	Private	Contained a foreign body—a small fly	Vendor cautioned by M.O.H.
2641	Cider Vinegar .. ..	Informal	Recommended as a medicine; claims made for its curative properties are exaggerated and unethical	Vendor cautioned by M.O.H. Promised to amend labels
2753	Compressed Cinnamon Tablet	Informal	Deficient of 70% of the stated cinnamon oil content	Manufacturer cautioned by M.O.H.
1950	Compressed Cinnamon Tablet	Formal	Deficient of 60% of the stated cinnamon oil content	Manufacturer cautioned by M.O.H.
2712	Pro-Plus Tablets .. ..	Informal	Pharmaceutical product bearing an incomplete quantitative declaration of ingredients and exaggerated claims for their potency	Reported to Health Committee

**TABLE E**  
**Results of Bacteriological Examination of Milk, 1956**  
**Examined under Milk (Special Designation) Regulations**

Grade	Total No. examined	Total Test Void	Passed as satis- factory	No. which failed Me. Blue Test	More than 2.3 L.B.U.	% Satisfactory		
						1954	1955	1956
Tuberculin Tested (Farm Bottled) .. (including 32 Channel Island Milks)	59	—	54	5	—	93.8	95.3	91.5
Tuberculin Tested ..	890	20	818	52	—	85.4	87.2	92.0
Tuberculin Tested (Pasteurised) ..	48	—	48	—	—	100.0	100.0	100.0
Tuberculin Tested Channel Islands Pasteurised Milk ..	8	—	8	—	—	—	100.0	100.0
Pasteurised ..	265	—	265	—	—	98.9	100.0	100.0
School Milk (Pasteurised) ..	65	—	65	—	—	100.0	100.0	100.0
Sterilised ..	52	—	52	—	—	100.0	100.0	100.0
<b>Totals ..</b>	<b>1,387</b>	<b>20</b>	<b>1,310</b>	<b>57</b>	<b>—</b>	<b>88.8</b>	<b>91.4</b>	<b>95.8</b>

TABLE F. Swimming Bath Waters Examined during 1956

Bath	Number Examined	Number having satisfactory bacteriological quality	B. Coli too numerous or total count more than 1,000 per ml.	Number in which Chlorine dose was of higher concentration than desirable	Number in which Chlorine dose was of lower concentration than desirable	Number in which pH dose was too low	% passed as bacteriologically satisfactory
Cossington Street ..	12	12	-	2	1	-	100
Aylestone ..	20	20	-	1	-	-	100
Spence Street ..	10	10	-	-	-	-	100
Vestry Street* ..	37	37	-	2	-	-	100
TOTAL (Corporation Baths)	79	79	-	5	1	-	100
Kenwood Pool† ..	11	10	1	-	2	-	91
Humberstone Lido ..	10	10	-	-	3	1	100
TOTAL (All Baths)	100	99	1	5	6	1	99

\*In one sample of water from this bath, the filtration was inefficient and use of more alum coagulant was recommended

†One sample of water from this Lido proved to be abnormal, containing chlorine of lime



TABLE G. Fertilisers and Feeding Stuffs Analysed in connection with the Fertilisers and Feeding Stuffs Act during 1956

Sample	Number Examined	Number Satisfactory	Number Unsatisfactory		
			Composition Incorrect	Statutory Declaration Defective	Total Unsatisfactory
<b>Fertilisers :</b>					
Basic Slag .. ..	2	1	1	—	1
Bone Fertiliser .. ..	1	1	—	—	—
Bone Meal .. ..	2	2	—	—	—
Carmona Rose Feed .. ..	2	2	—	—	—
Compound Fish Fertiliser ..	1	1	—	—	—
Dried Blood .. ..	3	2	1	—	1
Flower Fertiliser .. ..	1	1	—	—	—
Grass Feeder .. ..	1	1	—	—	—
Hoof and Horn Meal .. ..	1	1	—	—	—
Horticultural Bone Meal ..	1	—	1	—	1
“National Growmore” .. ..	1	1	—	—	—
Nitrate of Soda .. ..	3	3	—	—	—
“Plantoids” .. ..	1	1	—	—	—
Pure Hydrated Garden Lime	2	2	—	—	—
“Rosina” .. ..	1	1	—	—	—
“Sangral” .. ..	1	1	—	—	—
Soluble Blood .. ..	1	1	—	—	—
“Stimulawn” .. ..	1	1	—	—	—
Sulphate of Ammonia .. ..	5	5	—	—	—
Sulphate of Potash .. ..	3	2	—	1	1
Superphosphate .. ..	2	2	—	—	—
Superphosphate of Lime ..	2	1	1	—	1
Welgro Fertiliser .. ..	1	1	—	—	—
<b>Feeding Stuffs :</b>					
Chick Feed—Fattening Meal	1	1	—	—	—
Chick Feed—Growers’ Meal	1	1	—	—	—
Chick Mash .. ..	1	1	—	—	—
Growers’ Mash .. ..	1	—	1	—	1
High Protein Intensive Poultry Meal .. ..	1	—	1	—	1
Pig Meal .. ..	1	1	—	—	—
Poultry Fattening Meal ..	1	1	—	—	—
Poultry Meal .. ..	1	1	—	—	—
Poultry Meal (Battery) ..	1	1	—	—	—
Poultry (Intensive Growers’) Meal .. ..	1	1	—	—	—
Super Layers’ Meal .. ..	1	1	—	—	—
Total .. ..	50	43	6	1	7
<b>Private Fertilisers and Feeding Stuffs :</b>					
Cattle Food .. ..	3	3	—	—	—
Mixed Beans .. ..	1	1	—	—	—
Pig Meal .. ..	2	2	—	—	—
Sow and Weaner Meal ..	2	2	—	—	—
Total .. ..	8	8	—	—	—

TABLE H

Health Department	Ante-natal Clinic
Atmospheric Pollution Investigation :	Urine .. .. 1
Lead Peroxide Cylinders 60	— 1
Rain Waters .. .. 24	
— 84	<b>City Surveyor's Department</b>
Waters :	Soil .. .. 1
Chemical .. .. 5	Deposit .. .. 1
Bacteriological .. .. 2	— 2
— 7	
Miscellaneous :	<b>Weights and Measures Department</b>
Bath Waters .. 100	Sweeping Powder .. 1
Bed Flock .. .. 1	— 1
Breast Milk .. .. 1	
Biological Sample .. 1	
Cauliflower .. .. 1	
Chlorinating Solutions 2	
Daily City Supply	
Waters .. .. 156	
Milk (Dried) .. .. 1	
Orange Juice .. .. 1	
Phosphatase Milks .. 1,254	
White Precipitate Oint-	
ment .. .. 1	
— 1,519	<b>Total .. 1,614</b>

TABLE I

## Miscellaneous Samples submitted privately by the public

Article	No.	Article	No.
<b>Foods, Drugs and Beverages :</b>		<b>Miscellaneous :</b>	
Asparagus .. ..	1	Copper Pipe .. ..	1
Beer .. ..	3	Curtain .. ..	1
Beetroot .. ..	1	Dairy Detergent .. ..	1
Biscuits .. ..	1	Deposits .. ..	2
Bread .. ..	1	Encrustation .. ..	1
Bronchial Mixture.. ..	1	Feeding Stuffs .. ..	9
Cheese .. ..	1	Filter Media .. ..	1
Chocolate .. ..	1	Fuel Oil .. ..	1
Cocoa .. ..	1	Ground Rusk .. ..	1
Confectionery .. ..	2	Insects .. ..	2
Cured Meat .. ..	1	Label .. ..	1
Flour .. ..	3	Lubricating Oil Additive .. ..	1
Ice Cream .. ..	1	Milk Container .. ..	1
Iodised Garlic Salt .. ..	1	Paint Film .. ..	1
Margarine .. ..	1	Pickling Brine .. ..	2
Milk .. ..	4	Printing Ink .. ..	1
Orange Squash .. ..	1	Rock .. ..	1
Parsley, Dried, Rubbed .. ..	1	Sand .. ..	1
Soda Water .. ..	1	Sewage .. ..	10
Wines .. ..	4	Shoe-filling Compound .. ..	1
<b>Miscellaneous :</b>		Soil .. ..	1
Boiler Deposits .. ..	2	Waters (Bacteriological) .. ..	77
Bottle Caps .. ..	2	Waters (Chemical).. ..	90
Carton .. ..	1	Wool .. ..	1
Cement Pigments .. ..	13	Total .. ..	258

TABLE J

Samples submitted by Members of the Public under  
Food and Drugs Act

Article	No.	Article	No.
Balsam of Tolu and Honey ..	1	Milk Bottle.. ..	1
Bismuth Dyspepsia Tablets ..	1	Mince Pies .. ..	1
Black Beer .. ..	1	Ostermilk .. ..	1
Black Pudding .. ..	1	Patent Barley .. ..	2
Bread .. ..	7	Pilchards in Tomato Sauce	
Butter .. ..	1	(Tinned) .. ..	1
Butter Beans .. ..	1	Potato Crisps .. ..	1
Cheese .. ..	1	Potted Meat .. ..	1
Chocolate Confectionery ..	1	Raisins .. ..	1
Cream (Tinned) .. ..	1	Rice .. ..	1
Flour Confectionery .. ..	3	Sugar .. ..	3
Foreign Body .. ..	1	Sugar Confectionery ..	1
Fruit (Dried) .. ..	1	Sultanas .. ..	1
Ham .. ..	1	Tea .. ..	1
Lemon and Gin .. ..	1		—
Malt Loaf .. ..	1	Total .. ..	43
Milk .. ..	3		—

TABLE K

Summary of Samples examined by Bacteriological Methods  
during 1956

Milk .. ..	1,789
Pasteurised Milk supplied to Schools .. ..	65
Reservoir and other Waters (for Water Committee) ..	1,659
Waters (for Health Committee) .. ..	2
Waters (for daily examination of the domestic water supply) ..	156
Swimming Bath Waters .. ..	100
Miscellaneous .. ..	77
Shellfish .. ..	18



TABLE L  
Samples of Milk examined by the Phosphatase Test, 1956

Dairy	No. Examined	No. Test Void	No. giving less than 2.3 Blue Units : Efficient Pasteurisation	% of Total Satisfactory, 1956	% Satisfactory in previous years		
					1955	1954	1953
No. 1 .. ..	251	—	251	100.0	99.6	100.0	100.0
No. 2 .. ..	252	—	252	100.0	100.0	100.0	100.0
No. 3 .. ..	252	—	252	100.0	100.0	100.0	100.0
No. 4 .. ..	252	1	251	100.0	100.0	100.0	100.0
No. 5 .. ..	252	1	251	100.0	99.6	98.8	100.0
Miscellaneous (mainly samples submitted for Bacteriological Tests) ..	80	—	80	100.0	100.0	100.0	100.0
Totals .. ..	1,339	2	1,337	100.0	99.8	99.8	100.0

**TABLE N**  
**Ice Cream Samples**

Year			Fat Average %	Milk Solids Average %	Sucrose Average %	No. of samples examined
1951	..	..	9.3	10.6	13.2	167
1952	..	..	8.8	8.8	13.0	110
1953	..	..	8.8	9.4	10.4	216
1954	..	..	8.7	10.5	14.4	77
1955	..	..	9.1	10.8	13.5	66
1956	..	..	9.8	11.7	12.7	51

**TABLE O**  
**Atmospheric Pollution**  
Lead Peroxide method for Sulphur Dioxide  
Average monthly figures

Month	Station			
	Grey Friars	Westcotes	Evington	Town Hall
January ..	3.69	2.29	1.41	4.41
February ..	2.96	2.23	0.88	4.28
March ..	2.73	2.16	0.69	3.55
April ..	1.92	1.17	0.43	2.09
May ..	1.27	0.48	0.31	1.43
June ..	1.21	0.43	0.29	1.23
July ..	0.86	0.30	0.20	0.95
August ..	0.86	0.30	0.18	0.94
September ..	0.95	0.47	0.17	1.25
October ..	1.96	0.71	0.37	2.52
November ..	2.61	1.44	0.64	3.23
December ..	2.04	1.17	1.09	3.69

(Results expressed in mgms. SO<sub>3</sub> per 100 sq. cm. per day)

TABLE P. Atmospheric Pollution  
Figures obtained from Standard Deposit Gauge

Site of Gauge	Year	Average Monthly Rainfall Inches	Average Deposit in tons per square mile per month					Soluble Deposit	Total Deposit
			Insoluble Deposit						
			Tar	Soot	Ash	Total			
Town Hall Roof	1942	1.76	0.15	4.02	17.25	21.42	7.05	28.47	
	1943	1.72	0.13	3.63	17.19	20.95	6.63	27.58	
	1944	2.39	0.12	3.65	15.45	19.22	6.29	25.51	
	1945	1.79	0.19	3.80	13.56	17.55	6.18	23.73	
	1946	2.73	0.33	3.57	11.81	15.71	6.66	22.37	
	1947	1.80	0.25	2.94	9.06	12.25	5.75	18.02	
	1948	2.19	0.19	4.96	9.13	14.28	5.46	19.74	
	1949	1.92	0.26	4.89	9.94	15.09	5.91	20.98	
	1950	2.00	0.33	5.09	16.22	21.64	8.44	30.00	
	1951	2.50	0.27	4.33	17.94	22.54	10.22	32.76	
	1952	1.98	0.27	3.71	15.33	19.31	7.41	26.72	
	1953	1.77	0.28	4.50	12.07	16.87	8.68	25.55	
	1954	2.62	0.19	5.12	11.29	16.61	8.17	24.78	
	1955	1.88	0.10	3.52	8.15	11.77	6.67	18.44	
	1956	2.07	0.14	3.78	9.13	13.05	7.16	20.21	
Average for 15 years		2.07	0.21	4.10	12.9	17.21	7.11	24.32	
Evington	1951	2.84	0.11	1.15	1.84	3.10	3.76	6.86	
	1952	2.04	0.12	1.96	3.05	5.13	3.91	9.04	
	1953	1.79	0.10	1.18	1.41	2.69	2.83	5.52	
	1954	2.57	0.05	1.84	1.40	3.30	3.80	7.10	
	1955	1.77	0.05	3.16	1.59	4.80	2.91	7.71	
	1956	2.00	0.04	2.08	1.14	3.26	3.43	6.69	
Average for 6 years		2.17	0.08	1.89	1.74	3.71	3.44	7.15	

TABLE W

## Samples Submitted by the Water Department

Waters (Chemical)	..	..	..	1,601
Waters (Bacteriological)	..	..	..	1,559
Waters (Biological)	..	..	..	191
Daily City Supply Waters		..	..	100
Copperas	..	..	..	1
Deposits	..	..	..	6
Ferrous Sulphate	..	..	..	1
Ferrous Sulphate Monohydrate	..		..	1
Kettle ..	..	..	..	1
Pipe Samples	..	..	..	2
Sand Samples	..	..	..	2
Sludge Sample	..	..	..	1
Soil Samples	..	..	..	13
Solder ..	..	..	..	3
Turf Sample	..	..	..	1
Water Insects	..	..	..	2
Weed Killer	..	..	..	1
				<hr/>
Total	..	..	..	3,486
				<hr/>



TABLE W(a)

## THORNTON IMPOUNDING RESERVOIR

## Summary of Samples taken during 1956

	Average	Range	No. of samples
<b>Raw</b>			
pH .. .. .	8.0	7.1—8.5	54
Colour (Hazen Scale) ..	29	17—55	54
Turbidity (p.p.m. SiO <sub>2</sub> ) ..	6	1—17	50
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—100	40
		100—180	3
		More than 180	10
<b>Filtered</b>			
pH .. .. .	7.5	7.3—7.9	92
Colour (Hazen Scale) ..	16	10—25	92
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—10	112
		10—18	6
		More than 18	3
<b>Chlorinated</b>			
pH .. .. .	7.4	7.2—8.0	92
Colour (Hazen Scale) ..	8	5—17	92
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	121
<b>In Supply</b>			
pH .. .. .	7.4	7.1—7.5	52
Colour (Hazen Scale) ..	9	5—17	52
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	52

TABLE W(b)

## CROPSTON IMPOUNDING RESERVOIR

## Summary of Samples taken during 1956

	Average	Range	No. of samples
<b>Raw</b>			
pH .. .. .	7.7	7.2—8.3	53
Colour (Hazen Scale) ..	34	16—55	53
Turbidity (p.p.m. SiO <sub>2</sub> ) ..	7	1—17	51
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—100 100—180 More than 180	34 4 14
<b>Filtered</b>			
pH .. .. .	7.1	6.9—7.5	108
Colour (Hazen Scale) ..	11	7—18	108
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—10 10—18 More than 18	92 3 13
<b>Chlorinated</b>			
pH .. .. .	7.1	6.9—7.5	62
Colour (Hazen Scale) ..	7	6—13	62
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	81
<b>In Supply</b>			
pH .. .. .	7.1	7.0—7.4	40
Colour (Hazen Scale) ..	7	5—14	40
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	40

TABLE W(c)

## SWITHLAND IMPOUNDING RESERVOIR

## Summary of Samples taken during 1956

	Average	Range	No. of samples
<b>Raw</b>			
pH .. .. .	8.0	7.3—8.3	54
Colour (Hazen Scale) ..	26	14—47	54
Turbidity (p.p.m. SiO <sub>2</sub> ) ..	6	1—12	50
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—100 100—180 More than 180	43 5 7
<b>Filtered</b>			
pH .. .. .	7.3	7.2—7.6	75
Colour (Hazen Scale) ..	9	5—14	75
Probable No. of Coliform Organisms per 100 ml. ..	—	Nil—16	100
<b>Chlorinated</b>			
pH .. .. .	7.4	7.1—7.6	69
Colour (Hazen Scale) ..	6	5—11	69
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	94
<b>In Supply</b>			
pH .. .. .	7.4	7.1—7.6	47
Colour (Hazen Scale) ..	6	5—11	47
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	47

TABLE W(d)

## DERWENT SUPPLY

## Summary of Samples taken during 1956

	Average	Range	No. of Samples
<b>Incoming Water to Hallgates Filter Station</b>			
pH .. .. .	8.3	7.1—9.2	153
Colour (Hazen Scale) ..	6	5—22	153
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	153
<b>Outgoing Water from Hallgates Filter Station</b>			
pH .. .. .	8.3	7.0—9.0	154
Colour (Hazen Scale) ..	5	5—10	151
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	151
<b>In Supply</b>			
pH .. .. .	8.3	7.2—9.1	51
Colour (Hazen Scale) ..	5	5—11	51
Probable No. of Coliform Organisms per 100 ml. ..	Nil	—	51



# Report on the Public Health and Food Inspection Department for the year 1956

by

G. A. HILLER, F.R.S.H., F.A.P.H.I.

Chief Public Health Inspector

During the year under review I am pleased to be able to report that the shortage of staff has been partly reduced but the Department is still well short of its establishment of public health inspectors.

Revision of the establishment at the end of 1955, together with the provision of housing accommodation, has helped to achieve the results set out in this Report ; especially is this so in the fields of slum clearance and meat and food inspection.

In Leicester so many women go out to work that the inspection of houses situated in prospective clearance areas has only been carried out at considerable personal inconvenience to the inspectors concerned, many of the calls having had to be made during the dinner hour and in the evenings. Meat carcasses examined have increased by some eight thousand and here again the amount of work out of normal hours has been very heavy. It is not always realised how tiring, both physically and mentally, meat inspection in abattoirs can be and the fact that one hundred per cent inspection has been carried out on 167,562 carcasses is something which the inspectors can regard with satisfaction.

When slum clearance, food hygiene and smoke abatement each in its turn becomes the matter of the moment the basic principles of routine inspection of meat, canned goods, dwelling houses, factories, and so on, are so easily forgotten and it must be stated that a proper environmental service will not be available in Leicester until the staff approximates to the establishment.

The number of houses let in lodgings is on the increase and persons of other nationalities who find employment in Leicester usually find themselves in this sort of accommodation. Difficulties of custom and

language as well as working hours make the work of inspection slow and arduous.

In October the responsibility for rodent control passed from the Cleansing Committee to the Health Committee and Mr. Ireland, the Rodent Officer, and his operators have moved their office and are now on my staff at 18 Highcross Street. This means that the whole of the disinfection, disinfestation and pest control work generally is under one control and additional posts on the disinfection staff which otherwise would have been necessary, have not had to be made.

I should like to thank all my colleagues in the Health Department and other Departments for their co-operation during the year, and my own staff for their loyalty and hard work. I look forward to the time when the Department will be fully staffed and when the pressure and urgency that have dominated our work over the past few years will be, at least, a little less heavy.

## STAFF

The establishment is made up as follows :

- 1 Chief Public Health Inspector
- 1 Deputy Chief Public Health Inspector
- 4 Divisional Inspectors
- 1 Senior Meat Inspector (vacant)
- 11 Specialist Inspectors :
  - 5 Meat Inspection
  - 2 Housing (Slum Clearance)
  - 1 Cafés and Restaurants
  - 1 Food and Drugs Sampling
  - 1 Shops Act
  - 1 Smoke Abatement
- 14 District Inspectors (8 vacancies)
  - 1 Food Hygiene Assistant (female) (vacant)
- 8 Pupil Inspectors (1 vacancy)
- 1 Chief Clerk
- 7 Clerks
- 6 Sanitary Assistants (Manual Staff)
- 1 Abattoir Assistant (Manual Staff)
- 1 Rodent Officer
- 4 Rodent Operators

## GENERAL SANITARY CIRCUMSTANCES

### Complaints and Inspections

Accumulations of Refuse .. .. .	46
Choked and Defective Drains .. .. .	160
Defective Water Supply .. .. .	58
Defective Water Closets .. .. .	429
General Housing Defects.. .. .	1,096
Flood Water in Houses .. .. .	28
Overcrowding .. .. .	404
Infestations : Insect Pests, Rats and Mice .. .. .	386
Keeping of Animals .. .. .	23
Offensive Odours .. .. .	69
Factory Conditions (Sanitation) .. .. .	21
Smoke Nuisances .. .. .	94
Miscellaneous .. .. .	73
	<hr/>
	2,887

### SYNOPSIS OF INSPECTION WORK

	Inspections
Accumulations .. .. .	160
Agricultural Produce (Grading and Marking) Act ..	3
Animals, Poultry, Swine, etc. .. .. .	73
Ashpits and Ashbins .. .. .	4
Bakehouses .. .. .	50
Canal Boats .. .. .	—
Cesspools .. .. .	3
Closets—Water .. .. .	379
„ Pails .. .. .	11
Cold Stores .. .. .	23
Common Lodging Houses .. .. .	24
Complaints Received .. .. .	2,604
Complaints Confirmed .. .. .	3,343
Cowsheds .. .. .	16
Dairies .. .. .	265
Dangerous Structures .. .. .	57
Ditches and Watercourses .. .. .	25
Drains—Inspected .. .. .	595
„ Smoke Tests .. .. .	180
„ Chemical Tests .. .. .	13
„ Colour Tests .. .. .	83
Entertainment Houses .. .. .	4
Factories .. .. .	68
Fish Frying Premises .. .. .	13
Food Examination .. .. .	1,182
Food Manufacturing Premises .. .. .	121
Food Vendors' Vehicles .. .. .	46
Food Warehouses .. .. .	626
Hotel and Restaurant Kitchens .. .. .	1,225
	<hr/>
Carried forward .. .. .	11,196

				Inspections
Brought forward	..	..	..	11,196
Houses Let in Lodgings	..	..	..	24
Houses re Infectious Disease	..	..	..	203
„ Infectious Disease Contacts	..	..	..	8
„ Specimens of Faeces, etc.	..	..	..	61
„ Disinfection	..	..	..	75
„ Overcrowding	..	..	..	599
„ Vermin	..	..	..	618

#### Housing Acts :

##### Section 9 (Repairs)—

Houses	..	..	..	..	333
Other Buildings	..	..	..	..	—

##### Section 11 (Individual Unfit)—

Houses	..	..	..	..	118
Other Buildings	..	..	..	..	2

##### Section 25 (Clearance Areas)—

Houses	..	..	..	..	1,330
Other Buildings	..	..	..	..	19
Special Visits	..	..	..	..	914

#### Housing Repairs and Rents Act, 1954 (Certificates of

Disrepair)	..	..	..	..	11
Ice Cream Premises	..	..	..	..	568
Markets—Retail Fish	..	..	..	..	227
„ Retail Provision	..	..	..	..	206
„ Wholesale Fish	..	..	..	..	283
„ Wholesale Fruit and Vegetable	..	..	..	..	263
Meeting with Owner or Tradesman..	..	..	..	..	1,150
Merchandise Marks Act	..	..	..	..	124
Offensive Trade Premises	..	..	..	..	7
Outworkers	..	..	..	..	7
Pet Animals Shops	..	..	..	..	26
Piggeries	..	..	..	..	9

#### Samples for analysis :

Visits, etc., re foodstuffs, water, rag flocks, etc.	..	..	..	..	1,117
Schools	..	..	..	..	8
Sewers, etc.	..	..	..	..	5
Shops—Fish	..	..	..	..	17
„ Fruit	..	..	..	..	21
„ Meat	..	..	..	..	104
„ Other Food Shops	..	..	..	..	222
Shops Acts	..	..	..	..	212
Slaughterhouses—Private	..	..	..	..	1,230
Smoke Observations	..	..	..	..	258

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Carried forward	..	..	..	..	21,575
-----------------	----	----	----	----	--------

					Inspections
Brought forward	..	..	..	..	21,575
Special Visits re Smoke	..	..	..	..	568
Stables	..	..	..	..	1
Tips (Refuse)	..	..	..	..	8
Urinals—Private	..	..	..	..	—
„ Public	..	..	..	..	14
Van Dwellings	..	..	..	..	370
Wells	..	..	..	..	48
<hr/>					
Total	..	..	..	..	22,584
Re-inspections	..	..	..	..	11,442
<hr/>					
Grand Total	..	..	..	..	34,026
<hr/>					

**Comparative figures for 1955 :**

Total inspections	..	..	..	..	24,954
Re-inspections	..	..	..	..	7,336
<hr/>					
Grand Total	..	..	..	..	32,290
<hr/>					
Notices—Served—Informal	..	..	..	..	1,347
Formal	..	..	..	..	16
Complied with —Informal	..	..	..	..	1,660*
Formal	..	..	..	..	20

\*(Includes 841 notices served in previous years)

## Drainage, Sanitation and Water Supply

Slum clearance continues to reduce the number of dwellings in the city which are without a separate water closet or have no internal water supply.

During the year 386 such houses were demolished.

The following Table shows the extent to which cesspools and pail closets have been reduced and the number of houses provided with a separate water closet.

			1955	1956
Number of cesspools	..	..	86	69
Number of known pail closets	..	..	72	62
Houses where separate water supply provided			18	7
Houses where separate or additional water closets provided	..	..	78	91
Drains unstopped by Health Inspection Department	..	..	196	99

## Swimming Pools

During the year visits were made to the two open-air swimming pools and the four public baths, and samples were obtained from the



water in the pools and baths. The samples were submitted to the Public Analyst for examination and the results obtained are detailed in his section of the report.

Number of samples taken .. .. . 100

Regular inspections during the year were made of the dressing rooms and sanitary accommodation and all were found to be satisfactory.

## Disinfection and Disinfestation

During the early part of the year the new Disinfection and Disinfestation Station at Welford Road came into use.

In addition to apparatus for treating infected and verminous articles, provision has also been made for the cleaning of water beds used by the persons in the care of the District Nursing Service.

Disinfestation of premises is done by spraying with insecticides and this method continues to give satisfactory results.

Houses disinfected	..	..	..	..	211
Houses disinfested	..	..	..	..	1,368
Bedding, clothing, etc., steam-treated			..	..	4,442
Articles disinfected prior to export..			..	..	299

## Common Lodging Houses and Houses-Let-in-Lodgings

There is only one common lodging house in Leicester. During the year a new deputy keeper was appointed and some improvements have been carried out.

There is accommodation for 100 men but only rarely is it used to capacity.

As regards houses-let-in-lodgings it is regrettable that another year has passed with practically no attention being given to conditions prevailing in such places.

During the year the influx of people from other countries increased and complaints began to come in about the conduct of some of these people.

However, this particular aspect of the problem only adds to the general need for strict control by the local authority in order that proper amenities shall be available for families living in rooms and for the prevention of overcrowding.

## Movable Dwellings

Caravan dwellers continue to come into the city in order to make a living ; most of them deal in scrap metals, rags, etc.

Only a few of the caravans are horse-drawn, the majority being the trailer-type and are towed by the dealers' motor cars or lorries. It is not unusual for both the caravan and the lorry or motor car to be modern and costly.

Complaints of nuisance arise from the absence of a piped supply of water, proper sanitary accommodation, and means of disposing of refuse.

In one case legal proceedings resulted in fines of £5 and £2 for the use of an unlicensed site and a further £2 for obstructing the highway. Finally, the defendant went to prison.

During 1956 caravans were found to be on 26 unlicensed sites and 566 visits were necessary.

**Knackers' Yards**

There is only one knacker's yard in Leicester. The occupier has been given notice that he must comply with the new Byelaws when they come into operation on 1st April, 1957.

**Offensive Trades**

The registered offensive trades are as shown below :

Tripe Dressers	..	..	..	6
Marine Store Dealers	..	..	..	8

**Pet Shops**

There are 29 shops covered by licences under the Pet Animals Act, 1951, and 52 visits were made. The licensing conditions were found to be observed in all cases.

**Factories**

The number of registered factories and the inspections made are shown in the following Tables :

# OBSERVATIONS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937 and 1948

## PART I OF THE ACT

### 1.—INSPECTIONS for purposes of provisions as to health (inspections made by Public Health Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections and Re-Inspections (3)	Written notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .. ..	92	2	2	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority .. ..	2,137	177	10	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises) .. ..	15	15	3	—
Total .. ..	2,244	194	15	—

\**i.e.*, Electrical Stations (Section 103(1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

## 2.—Cases in which DEFECTS were found

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ..	3	2	—	3	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3) ..	—	—	—	—	—
Inadequate ventilation (S.4) ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ..	—	—	—	—	—
Sanitary Conveniences (S.7) :					
(a) insufficient ..	16	13	—	16	—
(b) unsuitable or defective ..	48	32	—	10	—
(c) not separate for sexes ..	1	1	—	1	—
Other offences against the Act (not including offences relating to Outwork) ..	—	—	—	—	—
Total ..	68	*48	—	30	—

(\*This total includes 27 notices served in previous years but complied with in 1956)

## OUTWORK (Sections 110 and 111)

Total number of outworkers in August, 1956, was as shown below :

Wearing Apparel, Making, etc. ..	..	1,536
Umbrellas, etc. ..	..	6
		<hr/>
Total ..	..	1,542
		<hr/>

Inspections have been limited to visits for other purposes, e.g. complaints of housing defects.

## ATMOSPHERIC POLLUTION

The effect and interest which the Clean Air Act, 1956, has created is apparent by the number of complaints of smoke and grit nuisances received during the year.

In several cases advice and recommendations have been given by the Smoke Abatement Officer which have resulted in the abatement of the nuisance.

### SMOKE

In February, Mr. W. H. Hallas took up his duties as a full-time Smoke Abatement Inspector. In addition to investigating complaints of nuisance he has been carrying out a survey of all the boiler houses in the city and making it known that in addition to his enforcement work he is available to give advice to firms in difficulty, especially as regards plant management.

Some examples of work done in this field are given below.

### CASE HISTORIES

A long-standing complaint of black smoke nuisance from a dairy was thoroughly investigated. A whole day's process work was observed from 6.0 a.m. to 3.0 p.m., and the boiler was fired under the instructions of the Smoke Abatement Inspector without causing nuisance or loss of steam. No further complaints have been received and the firm has been told that the Health Inspection Department is satisfied that this plant can be run without causing nuisance.

The adaptation of automatic stoking methods was recommended to a boot and shoe factory and to a dry cleaning works ; in both cases serious smoke emissions have been eliminated.

As a result of representations to the management of a foundry group the sum of £8,000 is to be spent to prevent smoke, sand and grit emission.



Another foundry is to erect a wet screen grit arrestor which should considerably improve existing conditions to the neighbourhood.

Complaints of smoke and grit	..	..	94
Smoke observations	..	..	258
Grit Plate Recordings	..	..	84
Re-inspections	..	..	132
Visits to boiler plants	..	..	184

## NOISE NUISANCES

The total number of noise nuisances investigated is 10, of which six have been abated.

## CASE HISTORIES

A firm engaged in the grinding of natural rock asphalt into powder installed a plant which emitted a high-pitched siren-like noise which could be distinctly heard in a half-mile radius. The inspector recommended the fitting of a silencer and modification of the plant, after which the nuisance ceased.

A firm manufacturing wooden parts for shoes and boots created a serious noise nuisance by the operation of the dust extraction plant. Representations resulted in barrier screens being erected and the noise emission was reduced to a none nuisance level.

Under the Leicester Corporation Act, 1956, the Council are empowered to deal with noise nuisances.

Complaints of noise nuisance	..	..	..	10
„ confirmed	..	..	..	8
„ not confirmed	..	..	..	2
„ abated	..	..	..	6
„ remaining to be dealt with	..	..	..	2

## HOUSING CONDITIONS

Very good progress is being made in carrying out the inspection of houses listed for clearance in the Council's Five-Year Plan.

From the accompanying Table it will be seen that during 1956, 1,071 houses were inspected and recorded under the appropriate Regulations and 970 of them were found to be suitable only for demolition.

Six hundred and sixty-one houses were represented in clearance areas and others are going forward at regular intervals once the future use of the land upon which they stand has been considered by the Planning Department in the light of the Leicester Development Plan.

# HOUSING STATISTICS

For year ended 31st December, 1956

## 1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .. ..	2,888
(b) Number of inspections made for the purpose .. ..	6,798
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 .. ..	1,071
(b) Number of inspections made for the purpose .. ..	3,130
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	970
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation .. .. .	1,534

## 2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	1,988
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## 3.—Action under Statutory Powers.

### A—*Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :*

(1) Number of dwelling houses in respect of which notices were served requiring repairs .. .. .	—
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners .. .. .	—
(b) By Local Authority in default of owners .. ..	—

### B—*Proceedings under Public Health Acts :*

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied .. ..	14
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners .. .. .	20
(b) By Local Authority in default of owners .. ..	—

### C—*Proceedings under Sections 11 and 13 of the Housing Act, 1936 :*

(1) Number of dwelling houses in respect of which Demolition Orders were made .. .. .	29
(2) Number of dwelling houses demolished in pursuance of Demolition Orders .. .. .	45

### D—*Proceedings under Section 12 of the Housing Act, 1936 :*

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. ..	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. ..	—

Number of houses in respect of which Closing Orders were made under Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953 .. .. .	17
---	----

The areas represented and a progress report are to be found on page 69.

Over 4,000 enquiries were answered relating to the expectation of life and outstanding repair notices on dwelling houses which were being bought and sold.

The following Table shows the progress made in rehousing the occupants of houses condemned in areas or individually before the war :

		Occupied houses	
		31st December, 1955	31st December, 1956
(a) In "Areas"	..	85	29
(b) Individually	..	3	1

Once again the need for systematic house-to-house inspections must be stressed. The Housing Repairs and Rents Act, 1954, has done very little to stop the progressive deterioration of houses which has been going on since 1939.

### Certificates of Disrepair

During the whole of the year only 33 applications for certificates of disrepair were received.

Certificates granted	..	..	..	20
„ refused	..	..	..	8
Applications withdrawn	..	..	..	5
„ outstanding	..	..	..	-

In addition, one certificate applied for in the previous year was granted.

Applications for Revocation of Certificate	..	14
„ „ „ granted	..	14

## FOOD

### Meat Inspection

The number of slaughterhouses available in Leicester is as follows :

Public slaughterhouses	..	..	..	10
Private slaughterhouses adjoining public slaughterhouses				2
Other private slaughterhouses	..	..	..	2
Institutional slaughterhouses	..	..	..	1

Once again it must be recorded that a new abattoir is needed very badly. The existing public slaughterhouses are not only obsolete in design but have long since passed their useful period of life structurally. No amount of maintenance can make these aged premises hygienic according to accepted standards today.

The number of animals slaughtered in Leicester increased by more than 8,000 over the previous year's figure. Further, Leicester has now become a centre for dealing with dairy cows which have to be slaughtered under the scheme for the elimination of tuberculosis in dairy herds. This accounts to some extent for the substantial increase in the number of "casualties" dealt with.

### C. Bovis

Localised viable cysts were found in 90 animals slaughtered during the year and all the carcasses were subjected to the recommended low-temperature storage treatment :

Oxen	..	..	70
Heifers	..	..	13
Cows	..	..	7

### Other Foods

The amount of foodstuffs of all kinds examined and surrendered in foodshops is very considerable as is seen from the number of tins of food dealt with alone (23,338).

Total Number of Animals Slaughtered, 167,562, comprising

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Public Abattoir ..	14,546	2,233	3,499	78,158	44,124	142,560
Private Slaughterhouses ..	2,765	281	704	19,034	1,010	23,794
Casualties ..	167	283	118	308	332	1,208
Totals ..	17,478	2,797	4,321	97,500	45,466	167,562



**Carcases Inspected and Condemned. 1956**

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
<b>Number killed</b> .. ..	17,478	2,797	4,321	97,500	45,466
<b>Number inspected</b> .. ..	17,478	2,797	4,321	97,500	45,466
All diseases except Tuberculosis— <b>Whole carcasses condemned</b> ..	7	8	9	84	48
Carcases of which some part or organ condemned .. ..	3,939	639	3	335	1,646
Percentage of the number inspected affected with disease other than Tuberculosis .. ..	22.57	23.13	.28	.43	3.73
Tuberculosis only— <b>Whole carcasses condemned</b> ..	28	16	1	—	25
Carcases of which some part or organ condemned .. ..	1,031	386	1	—	1,020
Percentage of the number inspected affected with Tuberculosis ..	6.06	14.37	.05	—	2.3

Tabulated List of other defined Diseases and their incidence in Carcasses rejected. 1956

Disease	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Totals
Abscesses ..	-	-	-	-	1	1
Asphyxiation ..	-	-	-	1	2	3
Bruising Extensive ..	-	-	-	-	1	1
Cancer ..	-	-	-	-	1	1
Dead Animals ..	-	-	-	16	5	21
Dropsy ..	-	-	-	6	-	6
Decomposition ..	1	-	-	9	-	10
Emaciation ..	-	-	-	6	1	7
Erysipelas ..	-	-	-	-	6	6
Fevered ..	-	2	-	2	3	7
Gangrene ..	-	-	-	1	-	1
Immature ..	-	-	2	-	-	2
Injury ..	1	-	-	-	-	1
Johnes ..	2	2	-	-	-	4
Jaundice ..	-	-	-	-	-	-
Leukaemia ..	-	-	-	1	1	2
Moribund ..	-	-	-	7	1	8
Oedema ..	-	-	2	23	8	33
Pyæmia ..	-	-	2	1	6	9
Peritonitis ..	-	-	1	1	1	3
Parasitic ..	-	-	-	1	-	1
Septicaemia ..	-	2	-	-	-	2
Septic Peritonitis ..	-	1	1	1	1	4
Septic Pericarditis ..	1	1	-	-	3	5
Septic Pneumonia ..	2	-	-	6	-	8
Septic Metritis ..	-	-	-	1	4	5
Septic Mastitis ..	-	-	-	-	-	-
Uraemia ..	-	-	1	-	1	2
Totals ..	7	8	9	84	48	156

Total Weights of Meat Condemned. 1956

	English Meat			Imported Meat			English Offal			Imported Offal			Totals		
	T.	C.	Qrs. lbs.	T.	C.	Qrs. lbs.	T.	C.	Qrs. lbs.	T.	C.	Qrs. lbs.	T.	C.	Qrs. lbs.
Public Abattoir, Cattle Market ..	28	4	3 17	0	0	0 0	62	12	3 13	0	0	0 0	90	17	3 2
Private Slaughterhouses	2	3	2 5	0	0	0 0	8	4	2 16	0	0	0 0	10	8	0 21
Wholesale Meat Depots	0	0	0 0	0	10	1 4	0	0	0 0	0	1	0 12	0	11	1 16
Totals ..	30	8	1 22	0	10	1 4	70	17	2 1	0	1	0 12	101	17	1 11

## SUMMARY OF FOODSTUFFS CONDEMNED

Tons Cwt. Qrs. lbs.					Other Foodstuffs, etc.	
<b>Fish (excluding</b>					Bacon .. ..	148 lb.
Shell Fish) ..	4	5	2	14	Biscuits .. ..	27 lb.
<b>Shell Fish :</b>					Butter .. ..	412 lb.
Crabs .. ..	—	7	3	12	Cake .. ..	72 lb.
Mussels ..	2	16	2	16	Cereals .. ..	469 lb.
Other Shell Fish	—	2	0	26	Cheese .. ..	224 lb.
<b>Fruit .. ..</b>					Fish .. ..	1,292 tins
	—	11	2	19	Fish Cakes .. ..	176
<b>Meat :</b>					Fruit .. ..	11,176 tins
English ..	30	8	1	22	Jellies .. ..	96 packets
Imported ..	—	10	1	4	Meat .. ..	3,546 tins
<b>Offal :</b>					Meat (cooked) ..	13 lb.
English ..	70	17	2	1	Meat (frozen) ..	374 lb.
Imported ..	—	1	0	12	Milk .. ..	1,647 tins
Vegetables ..	2	16	2	20	Pickles .. ..	126 lb.
<b>Poultry, Game, etc.</b>					Pies .. ..	8
Chicken and Fowls ..				40	Sausage .. ..	260 lb.
Hares and Rabbits ..				11	Sugar .. ..	24 lb.
					Sweets .. ..	352 lb.
					Vegetables .. ..	5,657 tins
					Watercress .. ..	576 puns

## FOOD HYGIENE

The systematic inspection of all food shops in the city which are covered by the Food Hygiene Regulations, 1955, was started towards the end of the year. Staff difficulties accounted for this but work in restaurants, cafés and snack bars went on throughout the year as did the activities of the Shops Act Inspector whose work took in food premises.

### Catering Premises

The Standard of Hygiene in restaurants, kitchens and snack bars is improving and although the improvement of premises which are below the standard required by the Food Hygiene Regulations is sometimes costly, a number of premises have been redesigned and refitted with modern equipment. Further progress is being made with the improvement of hotel kitchens and in one case the building of a complete new kitchen for food preparation is planned to be carried out early in 1957.

The reorganisation of old premises, which are small, often too small for hygienic preparation of food, produces many problems, but the Department's help is being sought and given freely.

The co-operation of the trade is generally good. Hygienic practices in food preparation are "good for business", as can be demonstrated by the response of the public in many premises.

One of the biggest problems facing the catering trade is the difficulty of obtaining and retaining staff who are fully alive to the importance of the hygiene of food handling.

Five premises have been discontinued during the year and five new premises opened. The Department's Inspectors have examined nine premises proposed as cafés or snack bars and rejected them as unsuitable or incapable of being made suitable.

The co-operation of the public is a necessary factor in the maintenance of good hygienic standards. Damage to new table coverings by careless smokers, and misuse of sanitary accommodation and fittings do not assist the Department's endeavours to maintain a proper standard in cafés and snack bars and complaints of these practices are frequently brought to the notice of the Department.

## Ice Cream

The following Table shows the number of premises registered for the manufacture, storage and sale of ice cream :

For Manufacture, Storage and Sale	For Sale of Prepacked only	For Sale of Double Wrapped only	Prepacked and Loose	Total
Hot Mix .. 10				
Cold Mix .. 4				
Freezing and Sale .. 2				
Storage only .. 4				
	676	117	10	803
Total .. 20	676	117	10	803

## ICE CREAM

### Bacteriological Examination

Sixty-five samples of ice cream were submitted for bacteriological examination during the year, fifty of which were purchased as exposed



for sale and fifteen obtained direct from factories during investigation of unsatisfactory samples. The following results were obtained :

		Prepacked	Loose	Total	Percentage
Grade I ..	..	13	38	51	79.47%
Grade II..	..	4	4	8	12.31%
Grade III	..	1	4	5	7.69%
Grade IV	..	1	—	1	1.53%

All unsatisfactory samples were investigated immediately and most of them were from one factory. The importance of expert handling and care in the manufacture of ice cream was demonstrated by the investigation which proved that the ice cream which failed to reach the bacteriological standard was due to an inexperienced employee handling the plant during the holidays of the usual operator. Three samples failed the test, two being Grade III and one Grade IV.

The percentage of ice cream in Grades I and II is nearly 92%, being above the average for the past two years. It is pleasing to record once again that complete co-operation from the ice cream trade has been experienced during the year.

### Chemical Analysis

Forty-three samples of ice cream were sent to the Public Analyst and all were satisfactory. The fat content of ice cream varied considerably from 5.8% up to 14.2%.

The average composition of the samples was as follows :

			Fat	Milk solids- not-fat	Sugar
Prepacked	..	..	11.1%	12.37%	12.56%
Loose	..	..	9.22%	11.55%	12.69%
Legal Standard	..	..	5.0%	7.5%	10.0%

### Talks and Demonstrations

The demand for talks and demonstrations continues and during the year fifty-five requests of this nature were received. It is pleasing to state that the number of persons in the Department willing to do this type of work, frequently after the usual working hours, has increased, nine members in all giving the talks.

### City of Leicester Clean Food Guild

The following Table shows the number of premises in respect of which Certificates have been awarded by the Guild. Whilst the figures

shown are not as high as might be expected it is important to realise that the certification of trading premises and methods has been of particular appeal to small shopkeepers and in consequence a greatly improved standard of hygiene has been achieved entirely by co-operative means.

Trade	Applications	Certificates granted
Bakers and Confectioners .. ..	20	14
Catering Establishments .. ..	22	15
Fishmongers and Fish Fryers ..	10	7
Fruiterers and Greengrocers ..	10	7
Grocers and General Stores ..	149	101
Ice Cream .. ..	2	2
Manufactured Meat Products ..	10	8
Retail Butchers .. ..	33	16
Sweets .. ..	10	8
Licensed Premises .. ..	1	1
Totals .. ..	267	179

## SHOPS ACT (HEALTH AND COMFORT PROVISIONS)

During the year the Inspectors carried out the following work :

### Premises Inspected

	Inspected	Re-inspected	Total
Fish .. ..	17	4	21
Fruit .. ..	21	2	23
Meat .. ..	104	7	111
Other Food Shops ..	222	85	307
Other Shops ..	212	433	645

### Contraventions

	Found	Work completed
Ventilation .. ..	3	3
Heating .. ..	1	1
Washing accommodation ..	7	6
Hot water required ..	7	27
Cleaning and redecorating ..	2	2
Other defects .. ..	3	3

## Legal Proceedings—Food

Acts, Byelaws or Regulations under which proceedings were instituted	Default or Offence	Fines £ s. d.	Costs £ s. d.
Food and Drugs Act, 1955, Section 3	Sale of Pork Pie in mouldy condition .. ..	10 0 0	7 0
Labelling of Food Order, 1953	Christmas Pudding sold pre-packed but unlabelled ..	20 0 0	—
Food and Drugs Act, 1955	Sample of Glycerin of Compound not conforming to standards of B.P.C.—deficient 41% of required Glycerin Content .. ..	5 0 0	—
Food and Drugs Act, 1955	Rolls and preparation resembling butter but not consisting of butter .. ..	5 0 0	—
Food and Drugs Act, 1955, Section 2	Butter Beans containing cigarette end, tobacco and wood	5 0 0	—
Food and Drugs Act, 1955, Section 8	Bread containing a soiled bandage.. ..	20 0 0	—
Food and Drugs Act, 1955, Section 2	Bread containing dark coloured foreign material ..	10 0 0	7 6

## MILK AND DAIRIES

The following Table shows the number of licences granted in respect of milk produced and sold under special designations.

The Pasteurisers and Sterilisers Licences are in respect of five dairies which are the sources of the largest portion of the milk samples submitted for examination or analysis. Pasteurised milk is sampled daily and all the raw designated milk arriving at the dairies from many farms is sampled systematically. There has also been some sampling of undesignated raw milk with a view to getting some idea of the cleanliness of production of all milks coming into Leicester.

**MILK (SPECIAL DESIGNATIONS) (PASTEURISED AND  
STERILISED MILK) REGULATIONS, 1949**  
and  
**MILK (SPECIAL DESIGNATIONS) (RAW MILK)  
REGULATIONS, 1949**

Dealer's (Pasteuriser's) Licence .. .. .	5
Dealer's (Steriliser's) Licence .. .. .	1
Dealer's Licence authorising the sale of "Tuberculin Tested" Milk .. .. .	55
Dealer's Licence authorising the sale of "Sterilised" Milk .. .. .	312
Dealer's Licence authorising the sale of "Pasteurised" Milk .. .. .	309
Dealer's Supplementary Licence authorising the sale of "Pasteurised" Milk .. .. .	4
Dealer's Supplementary Licence authorising the sale of "Tuberculin Tested" Milk .. .. .	1
Dealer's Supplementary Licence authorising the sale of "Sterilised" Milk .. .. .	—

**BACTERIOLOGICAL SAMPLING OF MILK, 1956**

**Milk (Special Designation) (Raw Milk) Regulations, 1949-54**

	Number taken	1955	1956
Tuberculin Tested (Raw) Milks—Churns samples ..		914	890
„ „ (Farm bottled) milks—Bottle samples .. .. .		43	59
		<hr/>	<hr/>
Total Tuberculin Tested (Raw Milks) ..		957	949
Number which failed Methylene Blue Test as laid down by the Milk (Special Designation) (Raw Milk) Regulations, 1949-54 :			
Churn samples .. .. .		122	52
Bottle samples .. .. .		4	—
		<hr/>	<hr/>
Total .. .. .		126	52
Percentage of failures—Churn samples .. ..		13.3%	5.8%
Bottle samples .. ..		9.3%	8.5%

All the above failures were reported to the Milk Production Officer of the County Agriculture Executive Committee.

## Ungraded Milks

Sampling of supplies from producers of undesignated milk, which forms the major part of the raw milk supplied to the dairies for heat-treatment, was carried out on the same scale as the previous year. All milks both designated and undesignated which are sampled bacteriologically are tested for chemical quality and every endeavour is made to cover all the producers supplying milk to the city during the year.

	Number taken	1955	1956
Undesignated Raw Milks—Churn samples ..		589	467
Number which failed Methylene Blue Test as laid down by the Milk (Special Designation) (Raw Milk) Regulations, 1949-54..	.. ..	194	65
Percentage of failures .. ..	.. ..	32.92%	13.9%

As will be seen from the above results, the bacteriological quality of both designated and undesignated milks improved considerably over the previous year, and while this can doubtless be attributed in part to the cooler summer, it is to be hoped that better and more hygienic methods of production at the farm are having a much-desired effect on the cleanliness of milk supplied for heat-treatment.

Routine samples continued to be taken from the Towers Hospital and Glen Frith Hospital farms, and the supplies from the one producer-retailer in the city were tested at regular intervals.

## Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949-53

	Number taken	1955	1956
Pasteurised Milk (Bottles) .. ..	.. ..	268	265
Tuberculin Tested (Pasteurised) Milk .. ..	.. ..	52	48
Tuberculin Tested (Pasteurised) (Channel Islands) Milk .. ..	.. ..	—	8
Sterilised Milks .. ..	.. ..	53	52
Pasteurised Milks ( $\frac{1}{2}$ pints from school supplies)..		68	65
Total .. ..	.. ..	441	438
Number of Methylene Blue Failures .. ..	.. ..	nil	nil
Number of Phosphatase Test Failures .. ..	.. ..	nil	nil

In addition, daily dairy control samples for pasteurisation efficiency were taken from the five Wholesale Dairies in the city.

Number taken .. ..	.. ..	1,254	1,254
Number failing Phosphatase Test .. ..	.. ..	2	nil



With the exception of the daily dairy control pasteurisation samples all the above milks submitted to the Public Analyst for bacteriological examination were also examined for chemical quality. No adverse report was received from any of the samples submitted, and these results in themselves reflect great credit on the efficiency of the dairies concerned.

During the year there was close co-operation between the department and the dairies and frequent inspections were made of plant and structural conditions and any defects found were speedily remedied.

## Bacteriological Examination of Milk Bottles and Churns

Regular routine examination of milk bottles taken from the washing machines at the dairies continued and the tests were carried out in accordance with a technique recommended by the Ministry of Agriculture (Material Milk Testing Service), 1947.

				1955	1956
Number of bottles taken	..	..	..	80	223
Number of unsatisfactory bottles, i.e. more than 600 colonies per bottle	..	..	..	11	16

The unsatisfactory results were investigated at the dairies concerned and as a result of recommended action further samples obtained in every case proved to be satisfactory. Churn rinses taken during the year from the dairy where mechanical churn washing facilities repealed hand washing, were all reported as satisfactory.

### Milk Sampling—Food and Drugs Act, 1955

					1955	1956
Number of samples taken—		Formal	..	..	86	31
		Informal	..	..	11	34
					—	—
Total	..	..	..	..	97	65
					—	—

As already stated, all milk, with the exception of the dairy control pasteurisation samples, which are submitted for bacteriological examination to the Public Analyst, are also examined for chemical quality. The producer who is supplying poor quality but genuine milk to the city is advised as to the standard of quality required and asked to seek advice from the Ministry of Agriculture, Fisheries and Food Advisory Service with a view to improving either or both the fat and solids-not-fat quality of his milk. In most cases further sampling after a period

has shown that better quality milk was being produced and this action must result in an overall improvement in the quality of the milk supplies to the city. No cases of the deliberate adulteration of milk by the addition of water were found during the year and taking into account the number of samples and the number of individual producers sampled, it can safely be assumed that this practice, as far as can be judged from the milk supplied to Leicester, has virtually become a thing of the past.

**Dirty and Misused Bottles**

As compared with previous years there was a marked decrease in the number of complaints received of dirty milk bottles. It would seem that the Clean Milk Bottle Campaign of 1955, sponsored by the Leicester Dairymen's Association and the Health Department, has achieved a marked degree of success. It is to be hoped that this improved treatment of milk bottles by all users will continue.

**Tubercle Bacilli in Milk**

Biological sampling of the milk produced at the nine farms within the city boundary continued during the year. Thirty samples were submitted to the Public Health Laboratory for examination and none was found to contain tubercle bacilli.

**Food and Drugs Act, 1955—Sampling**

The samples submitted to the Public Analyst are summarised below. The majority of the follow-up work on unsatisfactory samples is done by the public health inspectors. Full details are available in the City Analyst's Section of the Report.

			No. submitted
Food samples—Formal	..	..	54
Informal	..	..	391
Drug samples—Formal	..	..	4
Informal	..	..	212
Ice cream—Informal samples	..	..	51

**Bacteriological Examination of Shellfish**

Number of samples taken	..	..	18
-------------------------	----	----	----

One sample of mussels failed to satisfy the standard of cleanliness required. All the available remaining mussels in the consignment were

surrendered and the suppliers at the coast were visited by the local health department officers.

**Fertilisers and Feeding Stuffs Act, 1926**

Number of samples taken .. ..	50
Number of samples reported satisfactory ..	43

The above samples were submitted to the Public Analyst in his capacity as the official agricultural analyst, and appropriate follow-up action was taken by this department where necessary following reports of unsatisfactory samples.

**Rag Flock and Other Filling Materials Act, 1951**

Number of samples taken .. ..	3
Number reported satisfactory .. ..	<del>1</del> 3

**Prevention of Damage by Pests Act, 1949**  
**Report for 12 months ended 31st March, 1957**

	TYPE OF PROPERTY				(5)  Agricul- ture
	Non-Agricultural				
	(1)  Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	
I. Number of properties in Local Authority's District (Notes 1 and 2) .. ..	369	86,705	13,704	100,778	Nil
II. Number of properties inspected as a result of:					
(a) Notification ..	328	2,760	1,272	4,360	Nil
(b) Survey under the Act .. ..	258	2,832	1,401	4,491	Nil
(c) Otherwise (e.g., when visited primarily for some other purpose) ..		Figures not available			
III. Total inspections carried out including re-inspections. (To be completed only if figures are readily available) .. ..	680	6,787	3,801	11,268	Nil
IV. Number of properties inspected (in Section II) which were found to be infested by :					
(a) Rats .. (Major	2	Nil	3	5	Nil
(Minor	103	654	160	917	Nil
(b) Mice .. (Major	Nil	Nil	Nil	Nil	Nil
(Minor	102	140	343	585	Nil
V. Number of infested properties (in Section IV) treated by the L.A. (Figures should NOT exceed those given at Section IV) ..	207	794	506	1,507	Nil
VI. Total treatments carried out including re-treatments. (To be completed only if figures are readily available) .. ..		Figures not available			
VII. Number of notices served under Section 4 of the Act :					
(a) Treatment ..	Nil	Nil	Nil	Nil	Nil
(b) Structural Work (i.e., Proofing) ..	Nil	Nil	Nil	Nil	Nil
VIII. Number of cases in which default action was taken following the issue of notice under Section 4 of the Act .. ..	Nil	Nil	Nil	Nil	Nil
IX. Legal Proceedings ..	Nil	Nil	Nil	Nil	Nil
X. Number of "Block" control schemes carried out .. ..	1	35	6	42	Nil





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